START OF RETAKE SECTION

THIS RETAKE SECTION CONTAINS MICRO-PHOTOGRAPHS OF RECORDS WHICH WERE OMITTED OR INADEQUATELY REPRODUCED ON THE ORIGINAL MICROFILM REEL.

FOR A DESCRIPTION OF THE FILES AFFECTED BY THESE RETAKES, SEE THE OPERATOR'S RETAKE REPORT AT THE END OF THIS RETAKE SECTION.

STATE OF MARYLAND

HR-RM-30
(4-1-84)
Hall of Records Commission

RETURN OF A BIRTH. 51621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colrd.
3. Date of Birth,	Nov 25-93.
4. Place of Birth, (Street and Number)	622 W. Lombard St.
5. Full Name of Mother,	Buda McDowd.
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	—
8. Full Name of Father,	—
9. Father's Occupation	—
10. Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this Return,	O'Blois M.D
Address,	622 W Lombard St.
Remarks,	1893 0004020

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

57622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth Nov 25th

4. Place of Birth, (Street and Number) 617 N Paca St

5. Full Name of Mother, Ellen Agnes McAndrews

6. Mother's Maiden Name, Sheehan

7. Mother's Birthplace, New York

8. Full Name of Father, Bartholomew Joseph McAndrews

9. Father's Occupation, Merchant

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr W. R. Thompson

Address, 615 N Fremont Ave

Remarks,

1 0 9 3 0 0 0 4 0 2 1

A person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars, and in such offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 51623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Amabilia Carlotta ~~Schiaffino~~ Schieffino

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 25th 1893
4. *Place of Birth, (Street and Number)*	124 ½ Washington St
5. *Full Name of Mother,*	Pauline Schieffino
6. *Mother's Maiden Name,*	" Mortola
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	John Schieffino
9. *Father's Occupation,*	Ship Chandler & Grocer
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell M D
Address,	1308 N Charles St
Remarks,	

1893000040223

Of persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the like penalty for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 26th 93
4. Place of Birth, (Street and Number)	2664 Druid Hill ave
5. Full Name of Mother,	Ollie Wendell
6. Mother's Maiden Name,	" Olin
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	John Wendell
9. Father's Occupation,	Conductor
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Geo W Simms M.D
Address,	1501 Presstman
Remarks,	

1893 0004023

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	26th Nov 1893
4. Place of Birth, (Street and Number)	438 N Eden st
5. Full Name of Mother,	Mary V Morrow
6. Mother's Maiden Name,	Mary V. Riall
7. Mother's Birthplace,	Balto
8. Full Name of Father,	William H Morrow
9. Father's Occupation,	Collector
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	944 N Gay st
Remarks,	

1893000 4024

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Nov 26th 1893
4. Place of Birth, (Street and Number) 1530 Barclay St
5. Full Name of Mother, ~~Mary Elizabeth Hobba~~ Mary Elizabeth Hobba
6. Mother's Maiden Name, Mary Elizabeth Dierdo
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James B. Hobba
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Edmund C Gibbs M.D.

Address, 316 E North Ave

Remarks, 1893000410 25

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 20th 1893
4. Place of Birth, (Street and Number)	113 Light St Baltimore
5. Full Name of Mother,	Kate Henry
6. Mother's Maiden Name,	Kate Ellington
7. Mother's Birthplace,	Kent Co Maryland
8. Full Name of Father,	Wm H Henry
9. Father's Occupation	Engineer
Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Jos Stuck M.D.
Address,	113 Light St
Remarks,	Ch. # 8930004026 Steward Henry

J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 51628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Howard ~~William~~ Kemler

... of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 26 — 1898
4. Place of Birth, (Street and Number) 1517 E Lambert St.
5. Full Name of Mother, Theresa L. Kemler
6. Mother's Maiden Name, White
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles E. Kemler
9. Father's Occupation Sign Painter
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return, Mary Klein
12. Address, 1427 E. Hall St.
13. Remarks, 8930004027

This such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for such offence, to be recovered as other fines and forfeitures are recoverable.

J. Dulany Ely, City Printer and Stationer.

RETURN OF A BIRTH. 51629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 28 1893
4. Place of Birth, (Street and Number)	1434 E Baltimore St.
5. Full Name of Mother,	Elisabeth Lohring
6. Mother's Maiden Name,	Schlerret
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Lohring
9. Father's Occupation	Basket Maker
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return	Mary Stein
Address,	1429 E Pratt St.
Remarks,	1893 0004028

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 do

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 26

4. *Place of Birth, (Street and Number)* Sunset st Extended

5. *Full Name of Mother,* Celeste Senetta Winborn

6. *Mother's Maiden Name,* Celeste J Bell Winborn

7. *Mother's Birthplace,* Fredericksburg Va

8. *Full Name of Father,* William Ewell Simpson

9. *Father's Occupation* Machine Worker

10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Mary J Dorsey

Address, 2041 Lanvale st

Remarks,

1893 D C 0 0 1 0 2 9

subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
	Sex, (state whether male or female)	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Nov 26th 1893
4.	*Place of Birth, (Street and Number)*	414 Pinney Place
5.	*Full Name of Mother,*	Lizzie Wernicke
6.	*Mother's Maiden Name,*	Kohlhepp
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	John Wernicke
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Chas E Foulke
	Address,	
	Remarks,	

1893000 4030

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C BULANY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-28-5-7

RETURN OF A BIRTH. 51632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child if Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Nov 26th 1893
4. Place of Birth, (Street and Number)	#403 Smallwood Str
5. Full Name of Mother,	Mrs Mary Schenfle
6. Mother's Maiden Name,	Miss Emmerick
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Fred Schenfle
9. Father's Occupation	Harness Maker
Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	#212 W. Pratt Str
Remarks,	8930001031

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	26th of November 93
4. Place of Birth, (Street and Number)	211 Christian St
5. Full Name of Mother,	Dora Katz
6. Mother's Maiden Name,	(Dora Weinberg
7. Mother's Birthplace,	Pole
8. Full Name of Father,	Salamen Katz
9. Father's Occupation	Butcher
Father's Birthplace,	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Keitler Midwife
Address,	2116 West Pratt St
Remarks,	1893000403 2

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Nov. 26th
4. Place of Birth, (Street and Number) Grunmount ave. 1304.
5. Full Name of Mother, Annie P. Larkin.
6. Mother's Maiden Name, Annie P. Gilchrist.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Lantum
9. Father's Occupation. Driver.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address,

Remarks,

1893000 1033

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 51635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) —
3. Date of Birth, Nov 26. 93
4. Place of Birth, (Street and Number) 2266 E. Preston.
5. Full Name of Mother, Mrs. Sarah Rebecca Virginia Crockett
6. Mother's Maiden Name, Miss Sarah Rebecca Virginia
7. Mother's Birthplace, Prince George's Co Md.
8. Full Name of Father, Thomas Thomas Crockett
9. Father's Occupation, Baker or Pilot Granny Cadwallader
10. Father's Birthplace, Hicomico Co. Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Rue M.D.

Address, 2000 E. Baltimore, Md

Remarks, Natural Delivery

1893 00 04034

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov 26th 1895

4. *Place of Birth, (Street and Number)* 1521 Argyle Av

5. *Full Name of Mother,* Eliza Groeninger

6. *Mother's Maiden Name,* Lane

7. *Mother's Birthplace,* Balt

8. *Full Name of Father,* Jacob Groeninger

9. *Father's Occupation,* Plumber

10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Chas O Saddler

Address,

Remarks, 1893000 4035

Any and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 November
4. Place of Birth, (Street and Number) 704 N. Henry
5. Full Name of Mother, Mrs Jane C Bacon
6. Mother's Maiden Name, Maria M. Nair
7. Mother's Birthplace, Near Ark New Jersey
8. Full Name of Father, Jane C Bacon
9. Father's Occupation Baker,
10. Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other person who makes this Return, Sellock

Address,

Remarks,

1893 0004036

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Guilmette Co., City Printers and Stationers

RETURN OF A BIRTH. 5/638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 26th 1893
4. Place of Birth, (Street and Number) 647 N. Central Ave.
5. Full Name of Mother, Pauline Duda
6. Mother's Maiden Name, Dinan
7. Mother's Birthplace, Germany
8. Full Name of Father, Hieronimus Duda
9. Father's Occupation, Harness Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 439 N. Central Ave.

Remarks, 1893 0004037

Any officer or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 51639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Mulatto
3. Date of Birth,	Nov. 27th. 1893
4. Place of Birth, (Street and Number)	2333 E. Lombard
5. Full Name of Mother,	Charlotte E. Gilbert
6. Mother's Maiden Name,	" " Flaherty
7. Mother's Birthplace,	B. C.
8. Full Name of Father,	Joseph J. Gilbert
9. Father's Occupation,	Police Sergeant
Father's Birthplace,	B. C.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Wiltbanks
Address,	2262 E. B
Remarks,	1893 0 0 0 0 4 6 3 8 La North Broadway

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 57640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 27, 1893.
4. Place of Birth, (Street and Number) No. 1804 Harford ave.
5. Full Name of Mother, Mary Dempsey
6. Mother's Maiden Name, Mary Kains
7. Mother's Birthplace, Maryland
8. Full Name of Father, William Dempsey
9. Father's Occupation, Police Officer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Hugh A. Elwell, M.D.

Address, 1741 Harford ave

Remarks,

1893000 4039

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	27 Nov
4. Place of Birth, (Street and Number)	611 Campbell st
5. Full Name of Mother,	Louise Degner
6. Mother's Maiden Name,	Louise Hoffler
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John L Degner
9. Father's Occupation	Labor
10. Father's Birthplace,	Baltimore County
Name of Medical Attendant, or other person who makes this Return,	Wm Bantge
Address,	711 Conn Ave.
Remarks,	1893000 4040

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dolany Co., City Printers and Stationers

RETURN OF A BIRTH. 51642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* November 27th 1898

4. *Place of Birth, (Street and Number)* No 36 Bond Lane

5. *Full Name of Mother,* Mary Musgrave

6. *Mother's Maiden Name,* Mary Hinke

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Stephen Musgrave

9. *Father's Occupation* Fireman

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1893000041

Any person who shall refuse or neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 27th Nov 1893
4. Place of Birth, (Street and Number) 1128 Riverside Ave
5. Full Name of Mother, Euthusine Johnson
6. Mother's Maiden Name, Luckman
7. Mother's Birthplace, Germany
8. Full Name of Father, Samuel Johnson
9. Father's Occupation Ship Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yearwell

Address, 436 E Fort Ave

Remarks,

1893000404 2

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51644

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d~~, &c.)	1st "
1. Sex (state whether ~~Male or~~ Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 27 1893
4. Place of Birth (Street and Number)	#308. N. Eutaw St.
5. Full Name of Mother	Hattie. C. Harby.
6. Mother's Maiden Name	" " Hook.
7. Mother's Birthplace	California
8. Full Name of Father	J. Bert. Harby.
9 Father's Occupation	Dentist.
Father's Birthplace	California
Name of Medical Attendant, or other Person who makes this Return.	J. M. Boteler M.D.
Address	#1806. E. Baltimore St.
Remarks	City

1893 0004043

of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 51645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	November 27th 1893.
4. *Place of Birth, (Street and Number)*	No 1242 Sargent St
5. *Full Name of Mother,*	Mary E. Bielanka
6. *Mother's Maiden Name,*	J. Lorenz.
7. *Mother's Birthplace,*	Schlesien
8. *Full Name of Father,*	Christian Bielanka
9. *Father's Occupation*	Laborer.
Father's Birthplace,	Carlsruhe,
Name of Medical Attendant, or other person who makes this Return,	Annie Luidens
Address,	No 106 S. Monroe St.
Remarks,	893000404

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Co. City Pr ers and Stationers.

RETURN OF A BIRTH. 51646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● . of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	November 29th 1893.
4. Place of Birth, (Street and Number)	No 1852 Mc Henry st.
5. Full Name of Mother,	Katie Meister.
6. Mother's Maiden Name,	" Linsman.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Ernst W Meister.
9. Father's Occupation	Cabinet-Maker
● Father's Birthplace,	Konigsberg
Name of Medical Attendant, or other person who makes this Return,	Amiel Lindner.
Address,	No 106 S. Monroe st.
Remarks,	1893 0 0 0 4 0 4 5

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	November 27th 1893
4. Place of Birth, (Street and Number)	1353 E. Baltimore St.
5. Full Name of Mother,	Margaret Carstens
6. Mother's Maiden Name,	Mc Sleck
7. Mother's Birthplace,	Baltimore Co
8. Full Name of Father,	John H. Carstens
9. Father's Occupation	carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Marie E. Hartwitzer M. D
Address,	725 Mulberry Street.
Remarks,	1893000404 6

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 so

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 November 1893
4. Place of Birth, (Street and Number) 101 Bank St
5. Full Name of Mother, Mari Lappe
6. Mother's Maiden Name, Mari Zwosta
7. Mother's Birthplace, Germany
8. Full Name of Father, Hanan Lappe
9. Father's Occupation Tanner
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 So Washington St

Remarks, 89 3000 1047

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

5649

1. Sex, Male No. of Child of Mother, 10
2. Race or Color, White
3. Date, Nov 27 Th
4. Place of Birth, 2543 Florence St
5. Full Name of Mother, Emma Myers
6. Mother's Maiden Name, Emma Kelly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Myers
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
Mrs C. Faulstich
859 N. Fulton Avenue

18930004048

RETURN OF A BIRTH. 51658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Mulatto
3. Date of Birth,	Nov. 27. 1893
4. Place of Birth, (Street and Number)	6 Vincent Infant Asylum,
5. Full Name of Mother,	Lilly Griffin
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Not known
9. Father's Occupation	"
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	S. A. Steen M. D.
Address,	1520 Druid Hill Ave
Remarks,	

1893 0 0 0 4 0 4 9

RETURN OF A BIRTH. 51651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 27 1893
4. Place of Birth, (Street and Number) 510 Belair Ave
5. Full Name of Mother, Louise Rohlfing
6. Mother's Maiden Name, Louise Shamberg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Rohlfing
9. Father's Occupation Beer Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Br...

Address, 1600 N. Chester St

Remarks,

1893 0004050

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child

Sex, (state whether male or female) Girl

2. *Race or Color, (if not of the white race)* White Race

3. *Date of Birth,* Born Nov 27th 1893

4. *Place of Birth, (Street and Number)* # 320 Pulaski Str

5. *Full Name of Mother,* Mrs Bertha Wiegand

6. *Mother's Maiden Name,* Wife " Stehr

7. *Mother's Birthplace,* Hessen Germany

8. *Full Name of Father,* Theodor Wiegand

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Kurhessen Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Hiller

Address, # 2127 W. Pratt Str

Remarks,

693000405 1

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov. 25 '93.
4. Place of Birth, (Street and Number)	149 Pennsylvania Ave.
5. Full Name of Mother,	Mary Asbrito
6. Mother's Maiden Name,	Lanzy
7. Mother's Birthplace,	Italy
8. Full Name of Father,	Antonio Asbrito
9. Father's Occupation	Fruit-dealer
10. Father's Birthplace,	Italy
Name of Medical Attendant, or other person who makes this Return,	Mrs. Louise Lord
Address,	1918 E. Eden St.
Remarks,	1893000405 2

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 2-5-58

RETURN OF A BIRTH. 51654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Walter~~ Frank Kamm 3

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 28 November 1893
4. Place of Birth, (Street and Number) 1301 Crown St.
5. Full Name of Mother, Johanna Kamm
6. Mother's Maiden Name, Johanna Raiche.
7. Mother's Birthplace, Germany
8. Full Name of Father, John Kamm.
9. Father's Occupation Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Crown St.

Remarks,

1893 0004053

C. Dulany Co., City Printers and Stationers

Penalty for making false statements in this Return, or for neglecting to make it, as required by law, is fine not exceeding $100, and imprisonment not exceeding 60 days, both fine and imprisonment in the discretion of the Court, and other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 51633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 28. 93.
4. *Place of Birth, (Street and Number)*	2108 E. Townsend st
5. *Full Name of Mother,*	Susan Werner
6. *Mother's Maiden Name,*	Susan Twamley
7. *Mother's Birthplace,*	Troy, N. Y.
8. *Full Name of Father,*	Frederick Wm Werner
9. *Father's Occupation,*	Letter carrier
Father's Birthplace,	Baltimore City.
Name of Medical Attendant, or other person who makes this Return.	W. C. Sandrock
Address,	1242 N. Broadway.
Remarks,	

1893 0004054.

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are re

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second -

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Tuesday Nov 28th 93
4. *Place of Birth, (Street and Number)* 520. N. Mount St
5. *Full Name of Mother,* Minnie Mussell
6. *Mother's Maiden Name,* Minnie Fabb
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm E. Mussell
9. *Father's Occupation* Straw Hat Presser
10. *Father's Birthplace,* Frederick Co Md

Name of Medical Attendant, or other person who makes this Return. Elkton Md

Address, 116. Hamburg St.

Remarks, a Premature birth, Six & half months Gestation, Child, Good Cry. Mother Doing Well

Action to the time of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	28
4. Place of Birth, (Street and Number)	10 E. Montgomery
5. Full Name of Mother,	Annie Scarborough
6. Mother's Maiden Name,	Annie Jay
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Scarborough
9. Father's Occupation	Policeman
● Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return,	Katie Minnick
Address,	900 Leadenhall St
Remarks,	

1893000056

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28 November
4. Place of Birth, (Street and Number) 1412 Lanvale st 1412
5. Full Name of Mother, Annie Miller
6. Mother's Maiden Name, " Werner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Miller
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Rudy. Myers

Address, Lloyd st. 1331 L. P.

Remarks, 1893 0004057

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalty for the omission of any item required by this Return, Ten Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	28 th Nov 1893
4. Place of Birth, (Street and Number)	132 E Cross St
5. Full Name of Mother,	Estelle Hill
6. Mother's Maiden Name,	Cannon
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Stephen Hill
9. Father's Occupation	Engineer
10. Father's Birthplace,	Cecil Co Md
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Yewell
Address,	736 E Fort Ave
Remarks,	

1893 0004050

RETURN OF A BIRTH, 51660

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or ~~female~~)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 12.20 AM Nov 28th 1893

4. *Place of Birth, (Street and Number)* 848 Canton St

5. *Full Name of Mother* Elizabeth Taylor

6. *Mother's Maiden Name* Fletcher

7. *Mother's Birthplace* Accomac Co Va

8. *Full Name of Father* Robert W Taylor

9. *Father's Occupation* Laborer

10. *Mother's Birthplace* Accomac Co Va

Name of Medical Attendant, or other Person who makes this Return. J E Richardson MD

Address 1010 Chesapeake St

Remarks Birth mother and child are doing well

He is a 10th boy 1893000 1059

RETURN OF A BIRTH. 51661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	November 28, 1899
4. *Place of Birth, (Street and Number)*	Hamburg st No 148
5. *Full Name of Mother,*	Bessey Williams
6. *Mother's Maiden Name,*	J Berry Tabron
7. *Mother's Birthplace,*	Caroly Williamsboro
8. *Full Name of Father,*	
9. *Father's Occupation*	Labourer
Father's Birthplace,	Queen Anne County
Name of Medical Attendant, or other person who makes this Return,	Sarah Jane Quilen
Address,	424 west Fleury st
Remarks,	8 months

1893 0004060

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 51662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 28th 93
4. *Place of Birth, (Street and Number)*	170 Dolphin St
5. *Full Name of Mother,*	Mary E Lyon
6. *Mother's Maiden Name,*	Mary E Linsley
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	John Lyon
9. *Father's Occupation,*	Foreman
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Albert L Hadell M.D.
Address,	1143 Park Ave.
Remarks,	1893000406

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 57663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth. November 29.
4. Place of Birth, (Street and Number) 622 W Lombard St.
5. Full Name of Mother, Alice Gordon
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. C W Lamb M.D

Address, 622 W Lombard St.

Remarks, 1893 0004062

...ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers

RETURN OF A BIRTH. 51664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, November 29 - 93.

4. Place of Birth, (Street and Number) 622 W. Lombard St.

5. Full Name of Mother, Sarah Richardson.

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, O. B. Stone M.D.

Address, 622 W. Lombard St.

Remarks, 1893 0004063

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, January 29-93.
4. Place of Birth, (Street and Number) 712 Sedwin Court.
5. Full Name of Mother, Francis Dennis.
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, R. W. Larrick

Address, 611 W. Lombard Street

Remarks, 1893 0004064

Penalty for the first (1st) omission to register a birth, or to make return thereof, as required by law, Five Dollars; for each subsequent offence, Twenty Dollars. Penalty for making a false return of a birth, Fifty Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2 nd.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Black
3. Date of Birth,	Nov. 29/93
4. Place of Birth, (Street and Number)	160 E Lombard
5. Full Name of Mother,	Bertie Brandt
6. Mother's Maiden Name,	" Hagan
7. Mother's Birthplace,	New York State
8. Full Name of Father,	Charles Brandt
9. Father's Occupation	Driver B. C.
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Watkins
Address,	6 North Bradway
Remarks,	1893 00 04065

Every person required by this section to make a return who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 29 1893
4. Place of Birth, (Street and Number) 1829 Division St
5. Full Name of Mother, Theresa Sautry
6. Mother's Maiden Name, Regan
7. Mother's Birthplace, Balto
8. Full Name of Father, John Sautry
9. Father's Occupation, Police Sergeant
10. [redacted] Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Saddler

Address,

Remarks,

1893 0004066

C. Pulsay Co., City Printers and Stationers.

RETURN OF A BIRTH 51668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 and 5
1. *Sex, (state whether male or female)*	Males
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 29, 1893
4. *Place of Birth, (Street and Number)*	2005 W. Lexington St.
5. *Full Name of Mother,*	Alice O'Brien
6. *Mother's Maiden Name,*	Grissett
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	John O'Brien
9. *Father's Occupation,*	Boiler Maker
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. Hunt Lewis
Address,	939 W. Lafayette St
Remarks,	

1893 0004067

For each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH. 57669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 & 5
1. Sex, (state whether male or female)	Males
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 29 (93
4. Place of Birth, (Street and Number)	3005 W Lafayette
5. Full Name of Mother,	Alice O Brien
6. Mother's Maiden Name,	Grissett
7. Mother's Birthplace,	Va
8. Full Name of Father,	Jno. O Brien
9. Father's Occupation	Ireland
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	J. S. Norwood
Address,	
Remarks,	1893 0004066

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 5/4/44

RETURN OF A BIRTH. 51670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Frederick George Nährr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 November 1893.
4. Place of Birth, (Street and Number) 1113 Scott St.
5. Full Name of Mother, Matilda Nährr.
6. Mother's Maiden Name, Matilda Baumann.
7. Mother's Birthplace, Germany
8. Full Name of Father, August Nährr.
9. Father's Occupation Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross St

Remarks, 1893 0004069

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Arthur F. Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 29 93

4. Place of Birth, (Street and Number) 1411 Ridge Place

5. Full Name of Mother, Mary E Smith

6. Mother's Maiden Name, " Earhart

7. Mother's Birthplace, Balto

8. Full Name of Father, John B. Smith

9. Father's Occupation Varnisher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allen

Address, 1438 N Bond

Remarks,

1 8 4 3 0 0 0 4 0 7 0

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4
1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 29 1893
4. *Place of Birth, (Street and Number)* 1144 Ulrich St.
5. *Full Name of Mother,* Norah Burton
6. *Mother's Maiden Name,* Quirk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Burton
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant, or other person who makes this Return,* Mary Oliver
12. *Address,* 1427 E. Pratt St.
13. *Remarks,* 1893000407 1

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 29 d 1893
4. Place of Birth, (Street and Number) 1025½ East ave
5. Full Name of Mother, Kate Hofmann
6. Mother's Maiden Name, Kate Hollmstedter
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry Hofmann Jr
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Mirus

Address, 800 Leadenhall St

Remarks, 1893000 4072

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first-Children

1. *Sex, (state whether male or female)* one male + one female, Twins

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov-29 1893

4. *Place of Birth, (Street and Number)* No 6 East Fort Ave.

5. *Full Name of Mother,* Eliza Gerdes

6. *Mother's Maiden Name,* Eliza Kasting

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* William C Gerdes

9. *Father's Occupation* Tobacconist

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, J C Davis M D

Address, 1325 S Charles St

Remarks, 1893 0 0 0 4 0 7 3

J. C. Rollins & Co., City Printers and Stationers.

RETURN OF A BIRTH. 51675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) twins

1. Sex, (state whether male or female) boy & Girl

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 29 1913

4. Place of Birth, (Street and Number) 6 E Fort Ave

5. Full Name of Mother, Eliza. Gordeke

6. Mother's Maiden Name, Keating

7. Mother's Birthplace, City

8. Full Name of Father, Wm C. Gordeke

9. Father's Occupation

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J. C. D. Davis

Address,

Remarks, 1893000407 4

Every person present at the birth of a child, and the father, mother or other person having charge of such child, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 so

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29 November 1895

4. Place of Birth, (Street and Number) 1722 Thames St

5. Full Name of Mother, Kadi Falke

6. Mother's Maiden Name, Kadi Reiman

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Arthur Falke

9. Father's Occupation Carpenter Smit

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 Washington St

Remarks, 1893000 4075

J. C. Dulany Co., City Printers and Stationers.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report as Birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. The duty to make this Return rests on the person of parents of such

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* November 29, 1893.
4. *Place of Birth, (Street and Number)* 166 Cedar ave.
5. *Full Name of Mother,* Luella Kate Mark.
6. *Mother's Maiden Name,* Norris.
7. *Mother's Birthplace,* Ind.
8. *Full Name of Father,* George Lawrence Mark
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Ind.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Cleveland ave.

Remarks, 3 9 3 0 0 4 0 7 6

...J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Nov 29 1893
4. Place of Birth, (Street and Number) 334 S Carrollton Ave
5. Full Name of Mother, Mary Emma Hanes
6. Mother's Maiden Name,
7. Mother's Birthplace, Louisburg N C
8. Full Name of Father, Nelson Le Clapon
9. Father's Occupation, Minister
10. Father's Birthplace, Charleston S C

Name of Medical Attendant, or other person who makes this Return, M S Dampeer

Address, 2024 E Preston St

Remarks, Birth reported by Chas Hunt Informant came from Virginia

Duty to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. 1 C. Indiana Co., City Printers and Stationers.

RETURN OF A BIRTH. 51679

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	29th Nov. 1893
4. Place of Birth (Street and Number)	534 North Mount st.
5. Full Name of Mother	Emma A. Burnett
6. Mother's Maiden Name	Emma A. Bullock
7. Mother's Birthplace	N. York city
8. Full Name of Father	John M. Burnett
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C. G. Richardson M.D.
Address	1622 Edmondson avenue
Remarks	1893 0004078

of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 51680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov the 30 1893

4. Place of Birth, (Street and Number) North Street at 1616

5. Full Name of Mother, Regina rapp

6. Mother's Maiden Name, Regina cain

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lary rapp

9. Father's Occupation Solder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr S Bailey

Address, No 1922 Wilkins ave

Remarks,

1893000407 9

C. Indiany Co., City Printers and Stationers

RETURN OF A BIRTH. 51681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether ~~male~~ or female) Theresa Fritz
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 30. 1893
4. Place of Birth, (Street and Number) 838 S. Sharp St
5. Full Name of Mother, Maggie Fritz
6. Mother's Maiden Name, Maggie Kugel
7. Mother's Birthplace, Germany
8. Full Name of Father, Karl Fritz
9. Father's Occupation Sign Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Otis F. Mixsell

Address, 800 Leadenhall St.

Remarks, 1893000040 80

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* Nov 30 - 93
5. *Place of Birth, (Street and Number)* 1700 N Bond
6. *Full Name of Mother,* Grace E. Young
7. *Mother's Maiden Name,* " " Gittings
8. *Mother's Birthplace,* Balt
9. *Full Name of Father,* George E. Young
10. *Father's Occupation* Contractor
11. *Father's Birthplace,* Pa
12. *Name of Medical Attendant,* or other person who makes this Return, Mrs Mary A. Attwell
13. *Address,* 1438 N Bond St
14. *Remarks,*

1893 D D 0 4 0 8 1

Duty to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30 November
4. Place of Birth, (Street and Number) Lawson st 1471
5. Full Name of Mother, Annie Noon
6. Mother's Maiden Name, " Loudenslayer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hugh Noon
9. Father's Occupation Laboar
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Edw. W. Jones

Address, Hull st. 1331 L P.

Remarks, 1893 0004082

... J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First full term Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 A.M, Nov 30, 1893.

4. Place of Birth, (Street and Number) 829 Light St.

5. Full Name of Mother, Edith Emma Mason

6. Mother's Maiden Name, Edith Emma Cook.

7. Mother's Birthplace, Ewart, Page Co, Iowa.

8. Full Name of Father, Charles Grey Mason

9. Father's Occupation, Paper Cutter

10. Father's Birthplace, Middlebury Co, Vt.

Name of Medical Attendant, or other person who makes this Return. E C Affleck M.D.

Address, 8 E. Montgomery St

Remarks, L.O.A. cotton. Labor instrumental owing to weak faint. Vaccinated [illegible] Boston Mason

1893 30 000408

Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* female

2. *Race or Calor, (if not of the white race)* White

3. *Date of Birth,* 31st November 93

4. *Place of Birth, (Street and Number)* 31 S Forrest St

5. *Full Name of Mother,* Emilie Hartmann

6. *Mother's Maiden Name,* Emilie Perry

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Theodore Hartmann

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Frederica Hexter Midwife

Address, 2116 West Pratt St.

Remarks, 1893 0004084

Dulany Co., City Printers and Stationers

MIDDLE NAME ADDED 12-11-58

RETURN OF A BIRTH. 51687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John ~~Andrew~~ Russell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 30 1873.
4. Place of Birth, (Street and Number) No. 1816 Harford ave.
5. Full Name of Mother, Katie Russell.
6. Mother's Maiden Name, Katie Duffy.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Peter Russell
9. Father's Occupation Brick Maker.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Rev. A. Blessed, Pastor 1741 No. Ford ave.

Address,

Remarks,

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 57687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st Tu 30 12 93
4. Place of Birth, (Street and Number) Stricker St N° 231
5. Full Name of Mother, Mary V Holden
6. Mother's Maiden Name, Mary V Merron
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Holden
9. Father's Occupation Machinest
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, N° 1729 Wilkins Ave

Remarks,

, Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 30th 1892
4. Place of Birth, (Street and Number) 1602 N Calhoun St
5. Full Name of Mother, Annie Monmonier
6. Mother's Maiden Name, Baldwin
7. Mother's Birthplace, Prince George Co
8. Full Name of Father, Geo B Monmonier
9. Father's Occupation, Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Wm E Fiddler

Address,

Remarks, Puerperal Eclampsia complicating Labor

Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 30 November
4. Place of Birth, (Street and Number) 132 Randall street, W
5. Full Name of Mother, Katie Schaum
6. Mother's Maiden Name, Katie Kasel
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Schaum
9. Father's Occupation Glassblower
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 57690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) White Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Nov 30 1893.
4. Place of Birth, (Street and Number) 2320 Canton Ave
5. Full Name of Mother, Mary Ebenshine.
6. Mother's Maiden Name, Mary Redden.
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Ebenshine.
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton Ave

Remarks,

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 30

4. *Place of Birth, (Street and Number)* 80 Wilkinson

5. *Full Name of Mother,* Agatha Hayden

6. *Mother's Maiden Name,* Rourke

7. *Mother's Birthplace,* Ire

8. *Full Name of Father,* Roger Hayden

9. *Father's Occupation* Plate

10. *Father's Birthplace,* Ire

Name of Medical Attendant, or other person who makes this Return, Robert Jones

Address, 57 Wilkinson St

Remarks,

J. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 57693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 30 93
4. Place of Birth, (Street and Number)	1428 Federal St.
5. Full Name of Mother,	L Koch
6. Mother's Maiden Name,	L Schmidt
7. Mother's Birthplace,	Germany
8. Full Name of Father,	H Koch
9. Father's Occupation	Cigar Maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	J H Robinson
Address,	726 E Pratt St
Remarks,	

lany Co., City Printers and Stationers

RETURN OF A BIRTH. 51693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	November 30th 1893
4. *Place of Birth, (Street and Number)*	217 Amity Street
5. *Full Name of Mother,*	Christiana Richter
6. *Mother's Maiden Name,*	Siemsweber
7. *Mother's Birthplace,*	Carl, Prussia
8. *Full Name of Father,*	Richard Richter
9. *Father's Occupation,*	Compositor
10. *Father's Birthplace,*	Saxony, Germany
Name of Medical Attendant, or other Person who makes this Return.	Alice S. Parkhurst M.D.
Address,	1410 Park Avenue
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 51694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 Nov
4. Place of Birth, (Street and Number) 820 Addison Alley
5. Full Name of Mother, Maggie Moore
6. Mother's Maiden Name, [illegible] Miner
7. Mother's Birthplace, Balto
8. Full Name of Father, Fred Moore
9. Father's Occupation Laborer
10. Father's Birthplace, Balto
11. Name of Medical Attendant, or other person who makes this Return. Mrs R Ellis
    Address, 1302 E Lexington St
    Remarks,

And such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Nov 1 1893
4. *Place of Birth, (Street and Number)*	805 Aisquith St
5. *Full Name of Mother,*	Fanny Kerns
6. *Mother's Maiden Name,*	" Manly
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Kerns
9. *Father's Occupation,*	machinist
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo R Graham
Address,	
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

5696

x, Male No. of Child of Mother, 2

ace or Color, White

Nov 1

ace of Birth, 2017 Ridgewood Ave

ll Name of Mother, Annie Gibson

other's Maiden Name, Annie Green

other's Birthplace, Baltimore

ll Name of Father, Martin Gibson

ther's Occupation, Laborer

ther's Birthplace, Baltimore

E. Faulstich

59 N. Fulton Ave

RETURN OF A BIRTH. 51697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 1 1893
4. Place of Birth, (Street and Number) 522 S. Chapel St.
5. Full Name of Mother, Sallie Schrobrock
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Emil Schrobrock
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1927 E Fratt St.

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec. 1st 1892
4. Place of Birth, (Street and Number)	St Vincents Infant Asylum
5. Full Name of Mother,	Susie Walsh
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	New York
8. Full Name of Father,	Not known
9. Father's Occupation	"
10. Father's Birthplace,	"
Name of Medical Attendant, or other person who makes this Return,	S. A. Shane M.D.
Address,	1520 David Alle Ave
Remarks,	

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

—— Fourth.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female), Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 1st 93.
4. Place of Birth, (Street and Number) 622 W Lombard St.
5. Full Name of Mother, Ella Hill.
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —
11. Name of Medical Attendant, or other person who makes this Return O R Lewis M.D.
12. Address, 622 W Lombard Street
13. Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

; C. Dulany Co., City Printers and Stationers

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 51700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Green Langenfeldt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 1st 1893

4. Place of Birth, (Street and Number) 710 Lafayette Ave

5. Full Name of Mother, Amelia A Langenfeldt

6. Mother's Maiden Name, Green

7. Mother's Birthplace, Balto

8. Full Name of Father, Nicholas Langenfeldt

9. Father's Occupation, Baker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm E Sadler

Address, 2100 Druid Hill Ave

Remarks, GIVEN NAME ADDED. 9-28-53

Filed 1893

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Over

RETURN OF A BIRTH. 51701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1 1893
4. Place of Birth, (Street and Number) 636 Clinton ave
5. Full Name of Mother, Ellen Biddison
6. Mother's Maiden Name, Warfield
7. Mother's Birthplace, Va
8. Full Name of Father, Geo E Biddison
9. Father's Occupation Blacksmith
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return Dr L Fetterhoff

Address, 707 N Fremont

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 1892

4. *Place of Birth, (Street and Number)* 150 Eastern Ave

5. *Full Name of Mother,* Minnie Pier

6. *Mother's Maiden Name,* Minnie Meyer

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Bernard Pier

9. *Father's Occupation* Baker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Mearns

Address, 643 N Ponca St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st Nov.

4. Place of Birth, (Street and Number) 1004 Haris (Alley

5. Full Name of Mother, Karolina Musak

6. Mother's Maiden Name, = Kasse

7. Mother's Birthplace, Pommern (Persien)

8. Full Name of Father, Wilhelm Musak

9. Father's Occupation Laborer

10. Father's Birthplace, Pommern (Persien)

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss

Address, 2422 Lancaster St

Remarks,

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 2 — 1893
4. Place of Birth, (Street and Number) 309 S. High St.
5. Full Name of Mother, Annie Cochran
6. Mother's Maiden Name, Mathews
7. Mother's Birthplace, Talbot Co. Md
8. Full Name of Father, Charles F. Cochran
9. Father's Occupation Laborer
10. Father's Birthplace, Talbot Co. Md

Name of Medical Attendant, or other person who makes this Return Mary Steer

Address,

Remarks,

to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Gulsby Co., City Printers and Stationers

RETURN OF A BIRTH. 51705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 2 1893
4. *Place of Birth, (Street and Number)* 513 S. Washington St.
5. *Full Name of Mother,* Anna Barbara Bauer
6. *Mother's Maiden Name,* Shneider
7. *Mother's Birthplace,* Bellinzona
8. *Full Name of Father,* Friedrich Bauer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant, or other person who registers this return* Mary Stein
12. *Address,* 1427 E Pratt St.

Remarks,

To comply with the provisions of this section shall be subjected to the penalty of ... to be recovered as other fines and forfeitures are recoverable.

J. C. Dulaney Co. City Printers and Stationers.

RETURN OF A BIRTH. 57766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● . of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	November 2nd 93.
4. Place of Birth, (Street and Number)	622 W. Lombard St.
5. Full Name of Mother,	Maud Hartley.
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	—
8. Full Name of Father,	—
9. Father's Occupation	—
● Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this Return,	C. W. Lamed M.D.
Address,	622 W Lombard West
Remarks,	

...ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 December 1893
4. Place of Birth, (Street and Number) 621 Marshall St
5. Full Name of Mother, Louise Lehr
6. Mother's Maiden Name, Louise Krauss
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Chas Lehr
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, C. A Bracke
- Address, 503 Light St
- Remarks, Dead

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 December 1893
4. Place of Birth, (Street and Number) 119 Bayview Ave
5. Full Name of Mother, Kate Hauer
6. Mother's Maiden Name, Kate Keller
7. Mother's Birthplace, Balto City
8. Full Name of Father, Jacob Hauer
9. Father's Occupation Laborer
10. Father's Birthplace, Balto City
11. Name of Medical Attendant, or other person who makes this Return, C. A. Brooks
    Address, 1525 Light St
    Remarks, Jacob Hauer

Penalty for neglect or refusal of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 2. 1893

4. Place of Birth, (Street and Number) 1441 N. Fulton Ave

5. Full Name of Mother, Minnie Harper

6. Mother's Maiden Name, Minnie Purcell

7. Mother's Birthplace, Ireland

8. Full Name of Father, Geo. H. Harper

9. Father's Occupation, Clerk

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Geo. C. Steinmetz M.D.

Address, 1443 Presstman St.

Remarks,

E. PULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 51710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 9 1893

4. Place of Birth, (Street and Number) 304 Dellwood av Balto

5. Full Name of Mother, Margaret Ellen Fitzpatrick

6. Mother's Maiden Name, Margaret Ellen Sinnan

7. Mother's Birthplace, Maryland

8. Full Name of Father, Mathew J Fitzpatrick

9. Father's Occupation, Engineer

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E Longhurst Balto

Remarks, Midwife

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 5771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	November 3rd
4. Place of Birth, (Street and Number)	Baltimore Warren Ave 1133
5. Full Name of Mother,	Josephine Gingham
6. Mother's Maiden Name,	Jas. Slack
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Gingham
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs M Shaffer
Address,	722 Hunting st
Remarks,	

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 37712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 3 September

4. Place of Birth, (Street and Number) 1246 Canton Street

5. Full Name of Mother, Marie Louise Kirwatzki

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Jakowski

9. Father's Occupation Sailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. P. Lieseman

Address, 1925 Hare st

Remarks,

C. Dulany Co., City Printers and Stationers.

(Area)

RETURN OF A BIRTH. 5173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Francis Haug, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or ~~female~~) male
2. Race or Color, (if not of the white race)
3. Date of Birth, 3 Nov
4. Place of Birth, (Street and Number) 154 Knox St
5. Full Name of Mother, Mary A Haug
6. Mother's Maiden Name, Keller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Haug
9. Father's Occupation Cooper
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return Katie Mitnick
12. Address, 500 Leadenhall St
13. Remarks,

Any Medical Practitioner or Midwife who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 3rd of November 92

4. *Place of Birth, (Street and Number)* 1925 Ramsey St.

5. *Full Name of Mother,* Mary Schemmel

6. *Mother's Maiden Name,* Mary Ryan

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Carl Schemmel

9. *Father's Occupation* Painter

Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Heuter Midwife

Address, 216 West Pratt St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED.
7-27-64

RETURN OF A BIRTH. 37715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Louise Scheldt Cross

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 3. 1893
4. Place of Birth, (Street and Number)	213 Independence St. (Annex)
5. Full Name of Mother,	Sarah Willis Cross
6. Mother's Maiden Name,	" " "
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Chas. Louis Cross
9. Father's Occupation	Clerk
Father's Birthplace,	Balto. Co.
Name of Medical Attendant, or other person who makes this Return,	Dr. A. Hartman M.D.
Address,	1121 N Caroline St.
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 5/716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov [redacted] 1893 [redacted] 1893.
4. Place of Birth, (Street and Number) E Aug st 2129. Baltimore City
5. Full Name of Mother, Lizzie Smith
6. Mother's Maiden Name, Lizzie Hunt
7. Mother's Birthplace, Charles City Va.
8. Full Name of Father, Thomas Smith
9. Father's Occupation, Labor
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. Mrs. Frannie Myers

Address, 713 Little Pennsylvania Ave

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-29-66

RETURN OF A BIRTH. 51717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Edna Virginia Allers

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Apr 3 1893
4. Place of Birth, (Street and Number) 1138 S. Charles St
5. Full Name of Mother, Louisa Wenzel
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, City
8. Full Name of Father, [illegible]
9. Father's Occupation Stone Mason
10. Father's Birthplace, City
11. Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 571 [illegible]

Remarks,

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 4, 1893.
4. Place of Birth, (Street and Number) 72 Woodbury ave.
5. Full Name of Mother, Kate Morris
6. Mother's Maiden Name, O'Neill.
7. Mother's Birthplace, Md.
8. Full Name of Father, Albert O. Morris.
9. Father's Occupation Track Foreman.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 297 Chestnut ave.

Remarks.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 4th 1893

4. Place of Birth, (Street and Number) 2nd Ward Jno Hosp.

5. Full Name of Mother, Annie P. Wiza

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Virginia

8. Full Name of Father, Unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. F. Crouch, M.D. Eagle Tavern

Address,

Remarks,

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 5/750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* ..... Male
2. *Race or Color, (if not of the white race)* ..... Colored
3. *Date of Birth,* ..... March 93
4. *Place of Birth, (Street and Number)* ..... 514 N Dallas St
5. *Full Name of Mother,* ..... Carrie Langley
6. *Mother's Maiden Name,* ..... " Riley
7. *Mother's Birthplace,* ..... Balto Md
8. *Full Name of Father,* ..... Walter Langley
9. *Father's Occupation* ..... Huckster
10. *Father's Birthplace,* ..... Balto Md

Name of Medical Attendant, or other person who makes this Return ..... Caroline Miller

Address, ... 1605 Walbrook St

Remarks, ...

.....

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 4, 1893
4. Place of Birth, (Street and Number) No. 1505 Point Lane
5. Full Name of Mother, Florence Bragford.
6. Mother's Maiden Name, Florence Hutton
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Geo. Bragford.
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Asa R. Elwell M.D

Address, 1741 Harford ave.

Remarks,

Every person having charge of any child born in Baltimore City, or of the mother of such child, shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 4th ~~1893~~ 1893
4. Place of Birth, (Street and Number) 912 Hollins St.
5. Full Name of Mother, Clara Buseman
6. Mother's Maiden Name,
7. Mother's Birthplace, Howard Co. Md.
8. Full Name of Father, Illegitimate
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H. N. Webner, M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

G. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-2-57

RETURN OF A BIRTH. 51753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Jefferson ~~Ehrlich~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 4, '93
4. Place of Birth, (Street and Number) 1335 N. Caroline St.
5. Full Name of Mother, Clara Virginia Ehrlich
6. Mother's Maiden Name, " " Edwards
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Jos. A. Ehrlich
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Savannah, Ga.

Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman

Address, 1331 N. Caroline St.

Remarks,

Child to report name to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Mayrell
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 December 1873
4. Place of Birth, (Street and Number) 1630 Charles St
5. Full Name of Mother, Mary Elizabeth Marmaux
6. Mother's Maiden Name, Mary Elizabeth Schneider
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Marmaux
9. Father's Occupation Clerk Hotel
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1628 Light St

Remarks, Living Well

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second 2nd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Nov 4th 1873
Place of Birth, (Street and Number)	816 Aisquith St
Full Name of Mother,	Mary E. De Grif
Mother's Maiden Name,	Mary Ruehrin
Mother's Birthplace,	Balto
Full Name of Father,	Philip De Grif
Father's Occupation	Electrician
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Anna Mezenzahl
Address,	573 W. Monroe St
Remarks,	

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Nov 4 '93
4.	*Place of Birth, (Street and Number)*	1926 Druid Hill ave
5.	*Full Name of Mother,*	Mrs. Emma Datnal
6.	*Mother's Maiden Name,*	" Litz
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Frank J Datnal
9.	*Father's Occupation,*	Draughtsman
10.	*Father's Birthplace,*	England
	Name of Medical Attendant, or other person who makes this Return,	T C Worthington
	Address,	840 W Fayette St
	Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 15 1

4. Place of Birth, (Street and Number) 5 Hall and Pattison

5. Full Name of Mother, Emma E Dennis

6. Mother's Maiden Name, Myers

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, Lorenzo Dennis

9. Father's Occupation, Cafe

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Address, Martha J King

Remarks, 5 95 Hickory at Baltimore Md

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 5th 1893

4. Place of Birth, (Street and Number) 436 Roland Ave Hampden Baltimore Md

5. Full Name of Mother, Mollie R. Wilmer

6. Mother's Maiden Name, Mollie R. Jones

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Thos. J. Wilmer

9. Father's Occupation, Pattern Maker

10. Father's Birthplace, Kent Co Md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Any person or persons who shall intercept fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

n J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 31739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 5 - 1893
4. *Place of Birth, (Street and Number)* 237 Albemarle
5. *Full Name of Mother,* Maggie Colmter
6. *Mother's Maiden Name,* Mott
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Colmter
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who made this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 5, 1899
4. *Place of Birth, (Street and Number)*	St Vincents Infant Asylum
5. *Full Name of Mother,*	Lena Geisse
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Not known
9. *Father's Occupation,*	"
Father's Birthplace,	"
Name of Medical Attendant, or other person who makes this Return,	L. A. Hearn M D
Address,	1520 David Hill Ave
Remarks,	

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 5-93

4. Place of Birth, (Street and Number) 1320 Homewood Ave

5. Full Name of Mother, Catherine O. Ellis

6. Mother's Maiden Name, " " Adams

7. Mother's Birthplace, Balto

8. Full Name of Father, John H. Ellis

9. Father's Occupation Clerk

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

Penalty for neglect to report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	December 5-93.
4. Place of Birth, (Street and Number)	622 W Lombard St.
5. Full Name of Mother,	Mary Williamson.
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	—
8. Full Name of Father,	—
9. Father's Occupation	—
10. Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this return	W. B. Stone M.D.
Address,	622 W Lombard Street.
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Six Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalty for the use of this Return for fraudulent purposes, or for each neglect or refusal to make Return to the Office of Registrar, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 5 - 93
4. Place of Birth, (Street and Number)	1022 N Wolfe
5. Full Name of Mother,	Lula V. Meek
6. Mother's Maiden Name,	" " Kirk
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Charles A. Meek
9. Father's Occupation	Wood Turner
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	1438 N. Bond St
Remarks,	

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 51734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 5 93 1893
4. *Place of Birth, (Street and Number)* 1136 E Monument St
5. *Full Name of Mother,* Della Holland
6. *Mother's Maiden Name,* " Isaacs
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Edward Holland
9. *Father's Occupation*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walbrook

Remarks,

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

John J. Dolan's Co., The Printers and Stationers

RETURN OF A BIRTH. 51735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d 3d
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	November 5th 1893.
4. *Place of Birth, (Street and Number)*	1222 S. Charles St.
5. *Full Name of Mother,*	Victoria Gertrude Clark.
6. *Mother's Maiden Name,*	" " Knell.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Patrick J. Clark.
9. *Father's Occupation*	Police.
10. *Father's Birthplace,*	Balto. City.
Name of Medical Attendant, or other person who makes this Return,	R. J. H. Tall. M.D.
Address,	524 Sharp St.
Remarks,	

...to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 5. '93

4. Place of Birth, (Street and Number) 801 West St.

5. Full Name of Mother, Margaret Rhodes

6. Mother's Maiden Name, Willax

7. Mother's Birthplace, Balto.

8. Full Name of Father, Chas. Francis Rhodes

9. Father's Occupation Clerk

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. H. W. Hartman M.D.

Address, 1921 N. Caroline St.

Remarks,

The midwife, the nurse, undertaker and parents are also required to note the date of the birth of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 1st November 1905
4. Place of Birth, (Street and Number) 2226 Hoffman St.
5. Full Name of Mother, Maggie Fowler
6. Mother's Maiden Name, Maggie Schuester
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernhart Fowler
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Shuckey

Address, 731 Lauderdale St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

Failure to report as above to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 1893
4. *Place of Birth, (Street and Number)*	127 East [illegible]
5. *Full Name of Mother,*	Margt Hall
6. *Mother's Maiden Name,*	Harris [illegible]
7. *Mother's Birthplace,*	[illegible]
8. *Full Name of Father,*	William Hall
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	[illegible]
Name of Medical Attendant, or other person who makes this Return,	C. A. Brooks
Address,	1525 Light St
Remarks,	Dom Mon

Failure to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m.. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 6th Nov - 1893
4. Place of Birth, (Street and Number) Bowers St - 1136
5. Full Name of Mother, Mrs Mollie Hamerbacel
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, A Wile
9. Father's Occupation Butcher
10. Father's Birthplace, Unversell Indiana

Name of Medical Attendant, or other person who makes this Return, Katie Miranda

Address, 800 Leadenhall St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Nov 6, 1893
4. Place of Birth, (Street and Number) 919 Stewart St.
5. Full Name of Mother, Rosa Cunningham.
6. Mother's Maiden Name, Rosa Tucker
7. Mother's Birthplace, Balto.
8. Full Name of Father, James Cunningham.
9. Father's Occupation Engineer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L Dwyne

Address, 824 Canton Ave

Remarks,

Penalty for refusing to report as above to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	November 6th 1893
4. Place of Birth, (Street and Number)	No 904 Hollins st.
5. Full Name of Mother,	Emma Boyd.
6. Mother's Maiden Name,	" Pluth?
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	William Boyd.
9. Father's Occupation	Laborer.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	No 106 S. Monroe st.
Remarks,	

Every person required by law to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 6 November

4. *Place of Birth, (Street and Number)* 1229 Gay street

5. *Full Name of Mother,* Maria Louise Loeffler

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Virginia.

8. *Full Name of Father,* Henri Frantz Lefèvre

9. *Father's Occupation*

10. *Father's Birthplace,* Virginia.

Name of Medical Attendant, or other person who makes this Return, Mr. C. Fuessemann.

Address, 1225 Gay street

Remarks,

Failure to report as within required by the Ordinances of the City, or the giving of false information, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 6 November

4. Place of Birth, (Street and Number) 1110 Stiegmeier Str.

5. Full Name of Mother, Anna Marie Bressler

6. Mother's Maiden Name, —

7. Mother's Birthplace, Hinterkirmee Oesterreich

8. Full Name of Father, Mr. Joseph Bressler

9. Father's Occupation Tabler

10. Father's Birthplace, Oesterreich

Name of Medical Attendant, or other person who makes this Return, Dr. Sec. Licensiate

Address, 1125 Hanover Street

Remarks,

Every attendant upon a birth is required by the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6th of November 93

4. Place of Birth, (Street and Number) 1955 Lanvale St

5. Full Name of Mother, Emilie Simonson

6. Mother's Maiden Name, Emilie Ebert

7. Mother's Birthplace, Balto

8. Full Name of Father, Theodore Simonson

9. Father's Occupation Labor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friedericke Kessler midwife

Address, 2116 West Pratt St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 6-93
4. Place of Birth, (Street and Number) 1117 N. Ann
5. Full Name of Mother, Amelia Elgert
6. Mother's Maiden Name, " Kipple
7. Mother's Birthplace, Balt
8. Full Name of Father, John W. Elgert
9. Father's Occupation Teamster
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 6th 1873
4. *Place of Birth, (Street and Number)* 1102 Pennsylvania Ave
5. *Full Name of Mother,* Lena Rodewald
6. *Mother's Maiden Name,* Lena Ochs
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Rodewald
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Wesenfelt

Address, 543 McMechen St

Remarks,

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 51747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov 6th

4. *Place of Birth, (Street and Number)* 1121 Sharp St

5. *Full Name of Mother,* Cecelia Eldridge

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* Pennsylvania

8. *Full Name of Father,* Ed Eldridge

9. *Father's Occupation* Cooper

10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

...J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, November 7th, 1893
4. Place of Birth, (Street and Number) 628 Sharp St.
5. Full Name of Mother, Minnie C. Fischer
6. Mother's Maiden Name, Minnie Hoerning
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Adolf H. Fischer
9. Father's Occupation Binter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Minard

Address, 500 Leadenhall St

Remarks,

The Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 7th 1893

4. Place of Birth, (Street and Number) S. 1514 Light St.

5. Full Name of Mother, Mary Louisa Myers

6. Mother's Maiden Name, Mary Louisa Dyter

7. Mother's Birthplace, Chambersburg Pa.

8. Full Name of Father, Theodore C. Myers

9. Father's Occupation Porter

10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, Katie Minnick

Address, 300 Scott Hall

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Nos. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	November 7th 1893.
4. *Place of Birth, (Street and Number)*	No. 1136. Hardgear St.
5. *Full Name of Mother,*	Catherine Klaus
6. *Mother's Maiden Name,*	" Stanz.
7. *Mother's Birthplace,*	Nurnberg. B.
8. *Full Name of Father,*	George Klaus
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Hächstadt.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	No 106. S. Monroe St.
Remarks,	

...ible to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 51751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 7th 1893
4. Place of Birth, (Street and Number)	113. S. Payson St
5. Full Name of Mother,	Lena R. Grady
6. Mother's Maiden Name,	Lena Richards
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	Jno. H. Grady
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. W. Slatemal.
Address,	1634 W Fayette St.
Remarks,	

Attendance upon the mother, immediately hereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 57752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 7. 1892

4. Place of Birth, (Street and Number) St. Vincents Infant Asylum

5. Full Name of Mother, Laura Sims

6. Mother's Maiden Name,

7. Mother's Birthplace, Maryland

8. Full Name of Father, Not known

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, S. A. Hearne M. D.

Address, 1520 Druid Hill Ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1) Twins

1. Sex, (state whether male or female) Boy and Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 8/93
4. Place of Birth, (Street and Number) 1515 Laugh str.
5. Full Name of Mother, Mary Wehaus
6. Mother's Maiden Name, Mack
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Wehaus
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Laugh st.

Remarks,

m. j. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins

1. Sex, (state whether male or female) Boy & Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth. Nov 8th 93
4. Place of Birth, (Street and Number) 1515 Clough St
5. Full Name of Mother, Mary Wehans
6. Mother's Maiden Name, Mack
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo. Wehans
9. Father's Occupation, Balto
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wm. Leisenhofer

Address,

Remarks,

These reports to be sent to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 8th 93.
4. Place of Birth, (Street and Number) 601 26. Castle st.
5. Full Name of Mother, Maggie Rasch
6. Mother's Maiden Name, Maggie Etzel
7. Mother's Birthplace, Balto, Md.
8. Full Name of Father, John R. Rasch
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Chas H. A. Hyatt M. D.

Address, 1019 N. Caroline St.

Remarks,

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 57756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEODOR OTTO SCHMIDT.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 5th 1855

4. Place of Birth, (Street and Number) 2434 Lancaster st

5. Full Name of Mother, Katie Elizabeth Schmidt

6. Mother's Maiden Name, " " Kistler

7. Mother's Birthplace, Bavaria

8. Full Name of Father, John Henry Schmidt

9. Father's Occupation, Baker ~~Dec~~

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. C. Schwatka M.D.

Address, 2429 Lancaster st

Remarks, GIVEN NAME ADDED. 6/22/55 fbg

Subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 8, 1893.
4. Place of Birth, (Street and Number) 1011 Harris Alley.
5. Full Name of Mother, Lilly Hutson
6. Mother's Maiden Name, Lilly Roberts.
7. Mother's Birthplace, Va
8. Full Name of Father, William Hutson.
9. Father's Occupation Labor
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton St.

Remarks,

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 8th

4. Place of Birth, (Street and Number) 1109 Bimney St

5. Full Name of Mother, Mary Eckhardt

6. Mother's Maiden Name, " Connelly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Eckhardt

9. Father's Occupation Motorman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Henry D Siesemann

Address, 1225 Hanover st.

Remarks,

Subject to the fine of ten (10) dollars for each omission.

C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED. 5-24-52

RETURN OF A BIRTH. 51759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marion Elizabeth Moran

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 8 1893

4. Place of Birth, (Street and Number) No 1245 E. Fort ave

5. Full Name of Mother, Bertie Moran

6. Mother's Maiden Name, Bertie King

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Moran

9. Father's Occupation Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Aug. A. Colwell M.D.

Address, 1741 Hartford ave.

Remarks,

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, 9 November 1893

4. Place of Birth, (Street and Number) 1637 Hanover

5. Full Name of Mother, Henrietta Fisher (Henrietta Anderson)

6. Mother's Maiden Name, Henrietta Anderson

7. Mother's Birthplace, West Virginia

8. Full Name of Father, William Anderson

9. Father's Occupation Laborer

10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other person who makes this Return, C. J. Brooks

Address, 1038 Light St

Remarks, Dang Well

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 b child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 9/93
4. Place of Birth, (Street and Number) 1112 South & Charles Street
5. Full Name of Mother, Lady Greenberg
6. Mother's Maiden Name, Lady Bermark
7. Mother's Birthplace, Russia
8. Full Name of Father, Abram Greenberg
9. Father's Occupation Clothing Store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Barbes

Address, 44 B York Street

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 5/1962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 9th
4. *Place of Birth, (Street and Number)*	1616 Madison Ave
5. *Full Name of Mother,*	Rebecca Frank
6. *Mother's Maiden Name,*	Rebecca Mandelbaum
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Sam'l Frank,
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Cumberland Md
Name of Medical Attendant, or other person who makes this Return,	H. Jenkins
Address,	408 Cathedral St.
Remarks,	

Any person who shall neglect to make the above Return within the time prescribed by law, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* November 9th 1893

4. *Place of Birth, (Street and Number)* 1737 Dallas st Baltimore

5. *Full Name of Mother,* Lizzie Miller

6. *Mother's Maiden Name,* Lizzie Lovick

7. *Mother's Birthplace,* Baltimore County Md

8. *Full Name of Father,* Joseph Miller

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other person who makes this Return, Mrs M. Foster

Address, 1600 East Lanvel st

Remarks,

Subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. MULLADY, CITY PRINTER AND STATIONER.

RETURN OF A BIRTH. 51764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Nov 9 1893
4. Place of Birth, (Street and Number)	104 N Carrollton
5. Full Name of Mother,	Kate Woods
6. Mother's Maiden Name,	Russell
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	J R Woods
9. Father's Occupation,	
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo Rhatican
Address,	
Remarks,	

J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 6-13-58

RETURN OF A BIRTH. 51763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elmer Ellsworth Knight, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 9 1893
4. Place of Birth, (Street and Number) 30 S Schroeder
5. Full Name of Mother, Temperance E Knight
6. Mother's Maiden Name, Kearney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elmer Knight
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo R Watson

Address,

Remarks,

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 51766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, 10th of Jan
4. Place of Birth, (Street and Number) 540 Lafayette St
5. Full Name of Mother, Emma Brown
6. Mother's Maiden Name, Emma Miles
7. Mother's Birthplace, Balto City
8. Full Name of Father, Enston Brown
9. Father's Occupation, Coachman
10. Father's Birthplace, Balto City
11. Name of Medical Attendant, or other person who makes this Return. Mrs. J. Frank
    Address, 553 Dolphin St
    Remarks, No

Any such person or persons who shall neglect, refuse or omit to comply with the provisions of this Ordinance, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 57767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Three
1. Sex, (state whether male or female)	Male twins.
2. Race or Color, (if not of the white race)	Colored.
3. Date of Birth,	November 10-93.
4. Place of Birth, (Street and Number)	918 Harmony Lane
5. Full Name of Mother,	Belle Brown.
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	—
8. Full Name of Father,	—
9. Father's Occupation	—
[redacted] Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this Return,	L. W. Lamed, M.D.
Address,	612 W Lombard Street
Remarks,	

RETURN OF A BIRTH. 67768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Male Twin
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Nov 10 Th
4. Place of Birth, (Street and Number)	622 W. Lombard
5. Full Name of Mother,	Belle Brown
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	—
8. Full Name of Father,	—
9. Father's Occupation,	—
10. Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this Return,	C. W. Larned
Address,	
Remarks,	

Refer to the Table of Fees for the dollars to be collected as Date this Returns are received.

J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-15-57

RETURN OF A BIRTH. 31769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Robinson ~~Mills~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 10 - 93

4. Place of Birth, (Street and Number) 720 N. Eden

5. Full Name of Mother, Mary E. Mills

6. Mother's Maiden Name, " " Robinson

7. Mother's Birthplace, Md

8. Full Name of Father, James H. Mills

9. Father's Occupation Blacksmith

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Miss Mary A. Allwell

Address, 1438 ~~922~~ N. Bond

Remarks,

jected to the five of ten (5 or 10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. ; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	November 18"
4. *Place of Birth, (Street and Number)*	622 W Lombard St.
5. *Full Name of Mother,*	Lottie Mercer
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	—
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this return,	R W Leonard M.D.
Address,	622 W Lombard Street
Remarks,	

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 12/10/56

RETURN OF A BIRTH. 51771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irene Lanhart

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 10 [illegible] 1893

4. Place of Birth, (Street and Number) [illegible]

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Katie Arnold

Address, 320 Lanvale St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

57772

CERTIFICATE CORRECTED 3-28-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME CHANGED BY COURT ORDER 6-2-55

Name: ~~Frank WROBLEWSKI~~ Frank Sperling

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 November 1893
4. Place of Birth, (Street and Number) 1237 Hanover st.
5. Full Name of Mother, Julia (WROBLEWSKI)
6. Mother's Maiden Name, Gorent
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr Joseph (WROBLEWSKI)
9. Father's Occupation Sailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. F. Sperling mother.

Address, 1237 Hanover street.

Remarks,

subjected to the fine of ten dollars for each offense, and the [illegible]

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

● *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* Nov 10 - 93

4. *Place of Birth, (Street and Number)* 1401 Hanover St

5. *Full Name of Mother,* Kate B. Kirchner

6. *Mother's Maiden Name,* Kate Buscher

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Peter Kirchner

9. *Father's Occupation* Baker

● *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Edmund C Gibb M.D

Address, 316 E. North Ave

Remarks, Considerable hemorrhage 3 mos before confinement Due to partial separation of placenta previa. Delivery normal.

J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. 57774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th of November 1893
4. *Place of Birth, (Street and Number)* Baltimore, Md. 6 Lancelot
5. *Full Name of Mother,* Mary Kinnerkin
6. *Mother's Maiden Name,* Kelly
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Kinnerkin
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Foster

Address, 1600 East Lancaster st

Remarks,

RETURN OF A BIRTH. 51775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 10 1903
4. *Place of Birth, (Street and Number)* 2020 E. Monument Str.
5. *Full Name of Mother,* Annie Krieger
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* Arlington, Balto. Co. Md.
8. *Full Name of Father,* Antash Krieger
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dejarnette

Address, 2225 Gough Str.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 11 1903
4. *Place of Birth, (Street and Number)* 26 S. Madeira Alley
5. *Full Name of Mother,* Emma May
6. *Mother's Maiden Name,* " Preller
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John May
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Deisenhofer

Address, 2225 Gorsuch St.

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - George J. Zimmerman

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 11/13
4. Place of Birth, (Street and Number) 194 Pulaski Str.
5. Full Name of Mother, Kathie Zimmerman
6. Mother's Maiden Name, Hechter
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Zimmerman
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto.
11. Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer
12. Address, 2225 Jackson
13. Remarks,

Any person who shall make any false return, or refuse to make any return required by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 5778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Annie E Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White race

3. Date of Birth, Nov. 11th 1903

4. Place of Birth, (Street and Number) 1560 N Carey St

5. Full Name of Mother, Dora A N Brown

6. Mother's Maiden Name, Dora A N Dekein

7. Mother's Birthplace, Hanover Germany

8. Full Name of Father, Harry T Brown

9. Father's Occupation Letter Carrier

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary J Shockey

Remarks, 721 Cumberland St

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 November 1873

4. Place of Birth, (Street and Number) 1928 Eastern av

5. Full Name of Mother, Annie Schwolow

6. Mother's Maiden Name, Annie Heltz

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, August Schwolow

9. Father's Occupation Painter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 So Washington St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 5/780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female;) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, November 11th
4. Place of Birth, (Street and Number) Baltimore S. Paca st 931
5. Full Name of Mother, Mary M. Hudson
6. Mother's Maiden Name, Mary M. Cadwallader
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, Alb Hudson
9. Father's Occupation Wire Worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M. Shaffer

Address, 722 Hamburg st

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 11, 93.

4. Place of Birth, (Street and Number) 121 S. Bond St.

5. Full Name of Mother, Mary Bier

6. Mother's Maiden Name, Kelly

7. Mother's Birthplace, Ireland

8. Full Name of Father, Wm. H. Bier

9. Father's Occupation Tailor

Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Ford

Address, 1919 N. Eden St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th,

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, November 11th,
4. Place of Birth, (Street and Number) N 826 Columbia Ave.
5. Full Name of Mother, Arnetta Howser,
6. Mother's Maiden Name, Thomas,
7. Mother's Birthplace, Balto. City,
8. Full Name of Father, George Howser,
9. Father's Occupation, Contractor
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return, Wm D. Tolen Dickey M.D.

Address, N 721 Columbia Ave

Remarks,

subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Nov 12th 1893

4. Place of Birth, (Street and Number) 708 Eager St Apt 2

5. Full Name of Mother, Katie Smith

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Balt.

8. Full Name of Father, Unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. F. Crouch M.D. Eager & Wilcox

Address,

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Nov. 12" 1893
4. Place of Birth, (Street and Number) 632 Orchard st. Balt.
5. Full Name of Mother, Josephine Moore
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Moore
9. Father's Occupation, Hostler
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. Crouch MD

Address, Eager & Baltimore

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 12
4. Place of Birth, (Street and Number) 2625 Mary St Clifton
5. Full Name of Mother, Maggie. Baum
6. Mother's Maiden Name, Maggie. Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christian Baum
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return, Mrs C. Faulstich
12. Address, 2859 N. Fulton Ave
13. Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, September 15 1893

4. Place of Birth, (Street and Number) 1 Hanover Lane Balto

5. Full Name of Mother, Mary Jane alias Mary

6. Mother's Maiden Name, Davis

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, Eddie Bowden Mary

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E. King 545 Lisbon Ave

Remarks, Baltimore Md

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

9. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or ~~female~~)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 12. November 1893

4. *Place of Birth, (Street and Number)* 117 W Hamburg Str.

5. *Full Name of Mother,* Margaretha Weber

6. *Mother's Maiden Name,* " Schmitt

7. *Mother's Birthplace,* Germania

8. *Full Name of Father,* Joseph Weber

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 705 Leadenhall St

Remarks,

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* .....

1. *Sex, (state whether male or female)* .....

2. *Race or Color, (if not of the white race)* .....

3. *Date of Birth,* November 12th

4. *Place of Birth, (Street and Number)* 205 Covington

5. *Full Name of Mother,* Kate Taylor

6. *Mother's Maiden Name,* Kate Diesel

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Franklin P Taylor

9. *Father's Occupation* Can Caller

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Katie Mines

Address, 900 Eadenwood St

Remarks, ...

.....

Child to report at this office for Certificate of Registry, and the name of this Child within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 12 1893
4. Place of Birth, (Street and Number)	St Vincents Orphan Asylum
5. Full Name of Mother,	Mary Shane
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Penna
8. Full Name of Father,	Not Known
9. Father's Occupation	"
10. Father's Birthplace,	"
Name of Medical Attendant, or other person who makes this Return,	S. L. Kleas M.D.
Address,	1520 Druid Hill Ave
Remarks,	

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 12th 1893
4. Place of Birth, (Street and Number)	2043 E Baker st
5. Full Name of Mother,	Mary Kennedy
6. Mother's Maiden Name,	" Duilly
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	James Kennedy
9. Father's Occupation,	Iron Moulder
Father's Birthplace,	Irland
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	944 N Gay st
Remarks,	

m J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 51791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 12th.
4. *Place of Birth, (Street and Number)* 1830 Bolton St.
5. *Full Name of Mother,* Grace Virginia Buckingham
6. *Mother's Maiden Name,* Grace V. Lauckes
7. *Mother's Birthplace,* York. Penn.
8. *Full Name of Father,* William A. Buckingham
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* York. Pa

Name of Medical Attendant, or other person who makes this Return. James C. Clarke

Address, 1025 Madison Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 12
4. *Place of Birth, (Street and Number)* No. 735 W. Pratt St.
5. *Full Name of Mother,* Mary E Reilly
6. *Mother's Maiden Name,* Mary E Lonigan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Reilly
9. *Father's Occupation* Carrier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherina Seibach

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c~~) Fourth-

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, November 12-1893
4. Place of Birth, (Street and Number) 803 N. Amer St.
5. Full Name of Mother, Jennie Trotter.
6. Mother's Maiden Name, " Gatchair
7. Mother's Birthplace, Brooklyn N.Y.
8. Full Name of Father, James Trotter
9. Father's Occupation. Clerk-
10. Father's Birthplace, Baltimore City-

Name of Medical Attendant, ~~or other person who makes this Return.~~ Geo. F. Taylor. M.D

Address, 1254 N. Broadway.

Remarks,

attendance upon the mother immediately preceding it shall become the duty of the latter to report the same as required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 51794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 13/03
4. *Place of Birth, (Street and Number)* 315 S. Linn str.
5. *Full Name of Mother,* Annie Sucks
6. ~~*Mother's Maiden Name,*~~ not Married
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Wm. Eisenlopes

Address, 2225 Gough str.

Remarks,

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Boy White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 13/93
4. *Place of Birth, (Street and Number)* 110 N. Bradford St.
5. *Full Name of Mother,* Elizabeth Shannon
6. *Mother's Maiden Name,* " Coleman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Augustus D. Shannon
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough St

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Nov 13 1893
4. *Place of Birth, (Street and Number)*	102 Woodward St
5. *Full Name of Mother,*	Justina Diedelmann
6. *Mother's Maiden Name,*	" Taylor
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Anton Diedelmann
9. *Father's Occupation,*	Tailor
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Geo R Kahlenn
Address,	
Remarks,	

Any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* —
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Baltimore Jan 13
4. *Place of Birth, (Street and Number)* 1004 Hanover St
5. *Full Name of Mother,* Mary Amy Sheridan
6. *Mother's Maiden Name,* Mary Amy White
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Benjamin Franklin Sheridan
9. *Father's Occupation* Boiler maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Mercer

Address, 300 Eddesbell St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately after birth, shall become duly qualified to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 13 Nov
4. Place of Birth, (Street and Number) 2015 Eden st
5. Full Name of Mother, Celia Hines
6. Mother's Maiden Name, Maisel
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas. Hines
9. Father's Occupation Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs R Hilby

Address, 1302 E Lexington st

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 Nov
4. *Place of Birth, (Street and Number)* 143 S. Caroline St
5. *Full Name of Mother,* Katie Metz
6. *Mother's Maiden Name,* Schaefer
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Charles Metz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1302 E Lexington St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 November 1893
4. Place of Birth, (Street and Number) 607 Dunham St
5. Full Name of Mother, Amelia Mc Neil
6. Mother's Maiden Name, Amelia Seitz
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Mc Neil
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 So Washington St

Remarks,

Any midwife, or the mother, immediately after the birth of a child, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

URN OF A BIRTH. 51801

trar of Vital Statistics, Board of Health, Baltimore City.

whether 1st, 2d, 3d, &c.) 2

female) Female

ite white race)

Aug 13 93

Number) 1622 E Fayette St

Maggie Olff

" Engineer

Baltimore

Henry Olff

Mary Catherine Bauer

Baltimore

nt, or other person who makes this Return. Evelyn Miller

1105 Madison St

RETURN OF A BIRTH. 51802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd & 4th

1. Sex, (state whether male or female) male Hugo Grant Bruno Peters

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 13, 93

4. Place of Birth, (Street and Number) 115 N Eutaw St

5. Full Name of Mother, Louise

6. Mother's Maiden Name, Louise Steinbock

7. Mother's Birthplace, Baltimore

8. Full Name of Father, H. C. B. Peters

9. Father's Occupation Furrier

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, See Document file Reg No. 51802

F. M. Weber - Reg
June 13-1939

J. C. Dulany Co., City Printers and Stationers.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 11/03
4. *Place of Birth, (Street and Number)* 124 Cannon Ave.
5. *Full Name of Mother,* Frederike Sander
6. *Mother's Maiden Name,* Krause
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Sander
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenroth

Address, 2225 Gough Str.

Remarks,

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Oliver Slater Travers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 14th 1893
4. Place of Birth, (Street and Number) 1232 Patapsco st Balto Md
5. Full Name of Mother, Mary Rachel Travers
6. Mother's Maiden Name, Wall
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, Henry G. Travers
9. Father's Occupation Police Officer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Katie Minch

Address, 800 Leadenhall St

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 Nov.
4. Place of Birth, (Street and Number) 432 Aisquith St
5. Full Name of Mother Betsy Wallenstein
6. Mother's Maiden Name, Robinson
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Wallenstein
9. Father's Occupation Cap maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Ullrey

Address, 1502 E Lexington St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 14 1932
4. Place of Birth, (Street and Number)	1729 N. Caroline
5. Full Name of Mother,	Eugenie E. Lemmon
6. Mother's Maiden Name,	" Brooks
7. Mother's Birthplace,	B C
8. Full Name of Father,	Alvin D. Lemmon
9. Father's Occupation	Clerk
10. Father's Birthplace,	B C
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Watkins
Address.	~~226 S. Bway~~ 6 North Broadway
Remarks.	

Wm. J. C. Dulany Co., City Printers and Stationers

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14/98
4. *Place of Birth, (Street and Number)* 305 Hanover Street
5. *Full Name of Mother,* Lady Baptist
6. *Mother's Maiden Name,* Lady Whitmore
7. *Mother's Birthplace,* Essex
8. *Full Name of Father,* William Baptist
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Essex

Name of Medical Attendant, or other person who makes this Return, Mrs Barber.

Address, 44 E. York Street.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November fifteenth
4. Place of Birth, (Street and Number) 1223 Shields Alley
5. Full Name of Mother, Elizabeth Cook
6. Mother's Maiden Name, Elizabeth Cook Williams
7. Mother's Birthplace, Gloucester County Va.
8. Full Name of Father, Louis Williams
9. Father's Occupation, Sailor
10. Father's Birthplace, Gloucester County Va.

Name of Medical Attendant, or other person who makes this Return. Sue Radcliff M.D.

Address, 1010 N. Caroline St

Remarks,

The Physician, Midwife or other person who shall neglect or refuse to report the birth of any child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, November 15th 1893.

4. Place of Birth, (Street and Number) No. 602 Lemmon St.

5. Full Name of Mother, Mary Dambach.

6. Mother's Maiden Name, " J. Hettinger.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Andrew Dambach.

9. Father's Occupation Boiler Maker.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Annie Leistner

Address, No. 106 S. Wolcott St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 16 / 1893

4. Place of Birth, (Street and Number) 2733 Clinton St

5. Full Name of Mother, Minnie Stumpf

6. Mother's Maiden Name, Minnie Wolfe

7. Mother's Birthplace, Germany

8. Full Name of Father, John Stumpf

9. Father's Occupation Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton Ave.

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 de

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 novembre 1893
4. *Place of Birth, (Street and Number)* Volk St
5. *Full Name of Mother,* Louise Verges
6. *Mother's Maiden Name,* Louise Adol
7. *Mother's Birthplace,* Genneguy
8. *Full Name of Father,* Jan Vergen
9. *Father's Occupation* Schomaker
10. *Father's Birthplace,* Baltimore M D

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 So Washington St

Remarks,

attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail to
jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 15th 1893
4. Place of Birth, (Street and Number) 1604 N. Lancaster St
5. Full Name of Mother, Mary Hoffstetter
6. Mother's Maiden Name, Mary Sudbrink
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward Hoffstetter
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. County

Name of Medical Attendant, or other person who makes this Return, Magdelene Bruns

Address, 1600 N. Lancaster St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* November 15.
4. *Place of Birth, (Street and Number)* 622 W Lombard St.
5. *Full Name of Mother,* Eva Wampoch.
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. O B Sloan M.D

Address, 622 W Lombard Mart.

Remarks,

Wm. J. L. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* November 15th 1893.
4. *Place of Birth, (Street and Number)* 1809. S. Charles St.
5. *Full Name of Mother,* Minnie Belle Clark.
6. *Mother's Maiden Name,* Minnie Belle Bridner.
7. *Mother's Birthplace,* Harpers Ferry W. Va.
8. *Full Name of Father,* Harvey H. Clark.
9. *Father's Occupation* Conductor on B & O. R. R.
10. *Father's Birthplace,* Parkersburg W. Va.

Name of Medical Attendant, or other person who makes this Return, B. F. Phillips M. D.

Address, 753. W. Lexington St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 15 1893
4. Place of Birth, (Street and Number) 2315 N. Calvert st.
5. Full Name of Mother, Florence A. North
6. Mother's Maiden Name, " " North
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fuller D. North
9. Father's Occupation Wholesale Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Cook

Address, 914 N. Charles

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 15 93
4. *Place of Birth, (Street and Number)*	544 No. Gay
5. *Full Name of Mother,*	Katie Murphy
6. *Mother's Maiden Name,*	" Helbing
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Wm H. Murphy
9. *Father's Occupation*	Saloon Keeper
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	J. of Robinson
Address,	926 E. Oneida St
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 31817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16 1893
4. Place of Birth, (Street and Number) 1217 - Battery ave.
5. Full Name of Mother, Margaret A. Robinson
6. Mother's Maiden Name, " Dulaney
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Vincent L. Robinson
9. Father's Occupation Shoe Business
10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, Rhoden Covel Inn

Address, 900 N. Charles St.

Remarks,

Shall occur without the attendance of a physician or midwife, or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 57818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no attendance upon the mother, immediately thereafter, it shall become the duty of the person child to report its birth to the Commissioner of Health, in the manner and within the period by such person or persons who shall hereafter fail to comply with the provisions of this s fined to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forf

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 16
4. Place of Birth, (Street and Number) Baltimore City 1634 N Mount
5. Full Name of Mother, Mrs. Annie L. Miller
6. Mother's Maiden Name, Miss Annie L Keller
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George M. E. Miller
9. Father's Occupation Police Office.
10. Father's Birthplace, York, Pa.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary J E Bodey

Remarks, 791 Cumberland 8th.

Wm. J. C. Dal ny Co., City Printers and Stationers

RN OF A BIRTH

Office of Registrar of Vital Statistics, Board of Health, Bal..

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 16th 18[illegible]
4. Place of Birth, (Street and Number) 1416 East Fenwa
5. Full Name of Mother, Martha Thielemann
6. Mother's Maiden Name, Martha Setter
7. Mother's Birthplace, Wolfshagen Germa
8. Full Name of Father, Henry Thielemann
9. Father's Occupation, Tailor
10. Father's Birthplace, Wolfshagen Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. M[illegible]

Address, 1600 East Lan[illegible]

Remarks,

shall occur without the attendance of a physician or practitioner of midwifery, or should attendance upon the mother immediately thereafter it shall become the duty of the pers child to report its birth to the Commissioner of Health, in the manner and within the perio any such person or persons who shall hereafter fail to comply with the provisions of th jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and f

WM. J. C. KRAUS, CITY PRINTERS AND STATIONERS

END OF RETAKE SECTION

STATE OF MARYLAND

HR-RM 31
(4 - 1 - 54)
Hall of Records Commission

173-4

Department of Health & Mental Hygiene, Vital Records

Birth Certificates

Baltimore City

STATE OF MARYLAND

HR-RM 26
(5-1-54)
Hall of Records Commission

FILE ARRANGEMENT

Numerical Order

Some Birth Certificates are missing at time of filming and have been Lost

STATE OF MARYLAND

HR-RM 28
(2-1-54)
Hall of Records Commission

CERTIFICATION

This is to certify that the microphotographs appearing on this reel are accurate and complete reproductions of the file

Birth Certificates Baltimore City
(Name of file)

of DHMH Vital Records
(Agency).

This microfilming is being performed with the assistance of the Hall of Records Commission, Records Management Division. (Chapter 436, Acts of 1953).

Sunhild D Bolander

Date July 27, 1978

STATE OF MARYLAND

HR-RM 36
(4-1-54)
Hall of Records Commission

1893 = 9 RETURN OF A BIRTH 46010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence it may be, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	January 9th - 1893.
4. *Place of Birth, (Street and Number)*	2222 N. Calvert St.
5. *Full Name of Mother,*	Hannie Easter.
6. *Mother's Maiden Name,*	Mc Laughlin.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Philip C Easter.
9. *Father's Occupation,*	Salesman.
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	R. Mc Goldsmith. M.D.
Address,	Harlem av. & Calhoun st.
Remarks,	8930000001

ORS J. B. BAILANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 4507.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	Jan 9th 1893
4. *Place of Birth, (Street and Number)*	141 N Henrietta
5. *Full Name of Mother,*	Rosie E Conway
6. *Mother's Maiden Name,*	Rosie E Thompson
7. *Mother's Birthplace,*	North Thumberland Va
8. *Full Name of Father,*	Thomas Conway
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Baltimore County Md
Name of Medical Attendant, or other person who makes this Return,	Charlotte Williams
Address,	110 Leaden - Hall St
Remarks,	five dollars

6 9 3 0 0 0 0 0 0 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A 45078.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4

1. *Sex,* (*State whether male or female*) Male
2. *Race or color,* (*if not of the white race*) White
3. *Date of Birth,* January 98
4. *Place of Birth,* (*Street and Number*) 619 Hamburg St
5. *Full Name of Mother,* Emma Courtier
6. *Mother's Maiden Name,* " Narber
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Frederick W. Courtier
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* London England

Name of Medical Attendant, or other person who makes this Return. J. M. Lemmerman M.D.

Address, 640 W. Baltimore

Remarks,

8 9 3 0 0 0 0 0 0 3

Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 45079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11 1893
4. *Place of Birth, (Street and Number)* 720 N Stricker St
5. *Full Name of Mother,* Susan Elizabeth Blake
6. *Mother's Maiden Name,* Howard
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* John Henry Blake
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return — A L Fetterolf M D

Address, 705 N Schroeder St

Remarks,

8930000004

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 45080.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 10. 93
4. Place of Birth, (Street and Number) 918 N. Wolfe st
5. Full Name of Mother, Bella Frazier
6. Mother's Maiden Name, Bella Mc Clellan
7. Mother's Birthplace, Scotland
8. Full Name of Father, Alexander Frazier
9. Father's Occupation, Labour
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, W. C. Sandrock

Address, 1242 N. Broadway

Remarks,

B 4 3 0 0 0 0 0 0 5

The undersigned shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JUL 2 1893

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 48081.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Birth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tenth 10th Jan
4. Place of Birth, (Street and Number) Hull St #1140
5. Full Name of Mother, Annie McHale
6. Mother's Maiden Name, Annie Kelly
7. Mother's Birthplace, Ireland
8. Full Name of Father, William McHale
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Ann E. Connor

Address, 412 Hanbert St

Remarks, Still Birth

H. Clark & Son, 1709 Bank St

6930000006

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 15087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10th January 1893
4. Place of Birth, (Street and Number) 1505 Eastern Ave
5. Full Name of Mother, Josefa Cizovizin
6. Mother's Maiden Name, Majda
7. Mother's Birthplace, Austria
8. Full Name of Father, Simon Cizovizin
9. Father's Occupation laborer
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Mrs. Brett

Address, 838 S. Broad St

Remarks,

8930000007

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the parents or parents of such attendance upon the mother, immediately thereafter, it shall become the duty, of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

45083.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been confirmed its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Whenever the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if he should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 10th 1893
4. *Place of Birth, (Street and Number)*	# 5141 Inc Eldery St
5. *Full Name of Mother,*	Mealey Watkins
6. *Mother's Maiden Name,*	" Inglesear
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Isaac R. Watkins
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore County Maryland
Name of Medical Attendant, or other person who makes this Return.	Susan [illegible]
Address,	# 123 N. Durham St
Remarks,	

1893 00000008

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 45084.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Flora Inda Milburn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, Jan. 10th - 1893.
4. Place of Birth, (Street and Number) 1805 W. Edmondson Av.
5. Full Name of Mother, Lizzie A. Milburn.
6. Mother's Maiden Name, Brunton.
7. Mother's Birthplace, Balto. City. Md.
8. Full Name of Father, John H. Milburn.
9. Father's Occupation, Civil Engineer.
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return R. Ho. Goldsmith M.D.

Address, GIVEN NAME ADDED 3-16-54 Harlem Av & Calhoun St

Remarks, h. 44

8930000009

PENALTY. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY CONTRACTORS AND STATIONERS

RETURN OF A BIRTH 14588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	January 11
4. Place of Birth (Street and Number),	Sparrow Point Md
5. Full Name of Mother,	Laura Fournier
6. Mother's Maiden Name,	L... Desaudie
7. Mother's Birthplace,	France
8. Full Name of Father,	Augustin Fournier
9. Father's Occupation,	Laborer
10. Father's Birthplace,	France
Name of Medical Attendant, or other person who makes this Return.	Jennie Rice
Address,	Sparrow Point
Remarks,	

8 9 3 0 0 0 0 0 1 0

This schedule shall contain a list of the births which have occurred under the care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 14086

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 11th 1893.
4. *Place of Birth, (Street and Number)* Healds Springs
5. *Full Name of Mother,* Annie Krober
6. *Mother's Maiden Name,* Annie Fitts
7. *Mother's Birthplace,* Balto Co Md
8. *Full Name of Father,* Frederick Krober
9. *Father's Occupation,* Gardener
10. *Father's Birthplace.* Balto Co

Name of Medical Attendant, or other Person who makes this Return E. G. Darling M.D.

Address, Lauraville Md

Remarks.

8930000011

...ET & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 11th 1893.
4. Place of Birth, (Street and Number) 1704-W-La Fayette Ave
5. Full Name of Mother, Alice D. Emich.
6. Mother's Maiden Name, Alice D Ryan.
7. Mother's Birthplace, Petersburg-Va.
8. Full Name of Father, Geo W. Emich.
9. Father's Occupation, Cigar Manf
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Robt J. Wilson.

Address, 820-Park Ave

Remarks, Wt-8# Baby 12 lbs.

8930000012

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	11 day of January.
4. *Place of Birth, (Street and Number)*	No 618 Paterson av.
5. *Full Name of Mother,*	Mary Mieburger.
6. *Mother's Maiden Name,*	Mary Pister.
7. *Mother's Birthplace,*	Baltimore M. d.
8. *Full Name of Father,*	Franis Mieburger.
9. *Father's Occupation,*	Shoe store.
10. *Father's Birthplace,*	Baltimore M. d.
Name of Medical Attendant, or other person who makes this Return.	Mrs Hornsby.
Address,	No 1635 Little Walsh St.
Remarks,	Nom.

8930000013

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

14508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, January 11, 1893

4. Place of Birth, (Street and Number) 1714 Montpelier

5. Full Name of Mother, Eliza Lawson

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto.

8. Full Name of Father, (Dead)

9. Father's Occupation,

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Jacob Craighill

Address, 1730 N. Charles

Remarks.

8930000014

The Health Commissioner shall cause the same to be printed in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and description of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parents or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

POST & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 45090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, January 11th 1893
4. Place of Birth (Street and Number), 656 Portland st
5. Full Name of Mother, Ida Franklin
6. Mother's Maiden Name, Ida Tucker
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Franklin
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. M L Hooper M.D.

Address, 1327 Hanover st

Remarks,

8930000015

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of said rifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be sole the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Ruleers.

RETURN OF A BIRTH. 45091

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 11th 1893
4. Place of Birth, (Street and Number) 1307 N Pratt St Balto Md
5. Full Name of Mother, Bertha Maggie Fence
6. Mother's Maiden Name, Bertha Maggie Single
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles David Fence
9. Father's Occupation, Produce Dealer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Jno Thorne

Address, 1310 N Pratt St. Baltimore Md.

Remarks,

8930000016

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 11th 1893
4. Place of Birth, (Street and Number) Baltimore Poppleton No 413
5. Full Name of Mother, Maggie Keating
6. Mother's Maiden Name, Maggie Mc Nulty
7. Mother's Birthplace, Ireland
8. Full Name of Father, Nicholas Keating
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks, 8930000017

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

15093

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Third

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* Jan 11th 1873

4. *Place of Birth,* (*Street and Number*) Baltimore #534 Aisquith St.

5. *Full Name of Mother,* Margt K Conolly Scaife

6. *Mother's Maiden Name,* Margt Conolly

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Steven Scaife

9. *Father's Occupation,* Farmer Dec

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr E A Wood.

Address, 1416 N. Central Ave

Remarks, 6930000018

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

1509th

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 th January

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* colored
3. *Date of Birth,* 11 th January
4. *Place of Birth (Street and Number),* 710 Woodyear st
5. *Full Name of Mother.* Eliza Ann Bailey
6. *Mother's Maiden Name,* Eliza Ann Stephney
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles H Bailey
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return. Frances Walker.

Address, 929 Westcoat Street

Remarks,

18930000019

The Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45095.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* 11 Jan 1893
4. *Place of Birth, (Street and Number)* 621 N Central Ave
5. *Full Name of Mother,* Eugenia Lewis
6. *Mother's Maiden Name,* Black
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Lewis
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs E Schussler

Address, 42 Albemarle St

Remarks, 6 9 3 0 0 0 0 0 2 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

45096

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Jan 1893
4. *Place of Birth, (Street and Number)* 1322 E Pratt St
5. *Full Name of Mother,* Etta Isserman
6. *Mother's Maiden Name,* Etta Isserman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harris Isserman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Mrs L Isserman

Address, 42 Alameda Rd

Remarks. 8930000021

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

H6097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th (Fifth)

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan 12th 1893
4. Place of Birth, (Street and Number) Lanvale St. Carleton Apts.
5. Full Name of Mother, Laura May Flynn.
6. Mother's Maiden Name, " " Vogelsang
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward D. Flynn.
9. Father's Occupation, Clk -
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm A. Swan M.D.

Address, 2803 Eutaw Ave

Remarks, 1893 0 0 0 0 0 2 Bald.

Blanks. — Each physician shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. BLAKEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. D 45098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 12 1893.
4. Place of Birth, (Street and Number) No 12 Bradford st
5. Full Name of Mother, Emma Milburn
6. Mother's Maiden Name, Emma Askins
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, David Milburn
9. Father's Occupation, Laborer
10. Father's Birthplace, Deal's Island Dorchester County.

Name of Medical Attendant, or other person who makes this Return. Susan Hooper

Address, 123 Durham street,

Remarks, 8 9 3 0 0 0 0 0 2 3

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 12th 1923.
4. Place of Birth, (Street and Number) 224 Albemarle St.
5. Full Name of Mother, Mary Medrick
6. Mother's Maiden Name,
7. Mother's Birthplace, Alsatia Russia
8. Full Name of Father, Morris Fagan
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return Dr. Stolt

Address, 207 S. High St.

Remarks, 8930000024

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 45100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 12th 1893
4. Place of Birth, (Street and Number) 1003 E. Baltimore St.
5. Full Name of Mother, Nellie Weatherman
6. Mother's Maiden Name, Nellie Weatherman
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Wm Clyde Burns, Asst.

Address, 1126 E. Fayette St.

Remarks,

8930000025

Wm. J. C. Dulany & Co., City Printers and Stationers

Health. This section shall contain a list of the births which have occurred under his or her care during its month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the full name and occupation of its parents, the date and place of birth, and the number (state whether) its sex. Covered, duly signed by the practitioner of health. In case the birth of any child said schedule shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child third day of each and every instance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be any such person or persons who shall hereafter fail to comply with the provisions of this section are recoverable jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A-115101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 12th 1893
4. Place of Birth, (Street and Number) 221 Fort St
5. Full Name of Mother, Mary Sdiady
6. Mother's Maiden Name, Eichner
7. Mother's Birthplace, Harford County Md
8. Full Name of Father, Gustav Sdiady
9. Father's Occupation Agent
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm Harnett Trunk

Address, 307 Hare St Canton Md

Remarks,

8930000026

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 th Jan 1892
4. Place of Birth, (Street and Number) 1209 Pratt st.
5. Full Name of Mother, Louisa Leutbecker
6. Mother's Maiden Name, Grote
7. Mother's Birthplace, Germany
8. Full Name of Father, John Leutbecker
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Jno G Gross

Address 1907 E Monument st.

Remarks, 8930000027

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH,

45102½

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W. M. C.
3. *Date of Birth*	January 12 1893
4. *Place of Birth, (Street and Number)*	1362 N. Stockton St
5. *Full Name of Mother*	Annie Albert
6. *Mother's Maiden Name*	Weaver
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Albert
9. *Father's Occupation*	Car Driver
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	W. M. Lewis M.D.
Address	1209 Brentwood St
Remarks	Female child. 1st. Born dead. Still Birth.

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children. 189

RETURN OF A BIRTH. B 45703.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* January 12 1893
4. *Place of Birth, (Street and Number)* Forest to 1893
5. *Full Name of Mother,* Estelle Collins
6. *Mother's Maiden Name,* Taylor
7. *Mother's Birthplace,* Frederick County Md
8. *Full Name of Father,* George Collins
9. *Father's Occupation,* Work Dry Dock
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Johanna Jenske

Address, Garrett to 1565 Light

Remarks,

1 8 9 3 0 0 0 0 0 2 9

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner as aforesaid, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 45104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 12 — 93
4. Place of Birth, (Street and Number) 1506 Gay Street
5. Full Name of Mother, Olga Bock
6. Mother's Maiden Name, Olga Ehert
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederk Bock
9. Father's Occupation, Beer Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Levy Bonn

Address, 1605 Pleasant Street

Remarks, 8930000030

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

45705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Olga Emily Losa

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jany 13 th. 93
4. Place of Birth, (Street and Number)	1409 E Biddle
5. Full Name of Mother,	Francis Losa
6. Mother's Maiden Name,	Francis Dudek
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	Valear Losa
9. Father's Occupation,	Tinsmith
10. Father's Birthplace,	Moravia
Name of Medical Attendant, or other person who makes this Return,	David V Magee MD
Address,	1300 N Edwards
Remarks,	OTHER NAME ADDED

8 9 3 0 5 0 5 3 3 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 4-6-57

RETURN OF A BIRTH. A 45705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Alfred Nevins ~~Benner~~ Benner
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 12th 1893
4. Place of Birth, (Street and Number)	630 So Paca
5. Full Name of Mother,	Amelia Benner
6. Mother's Maiden Name,	Amelia Richt
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Otto Benner
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	
Address,	Hollywood, Md
Remarks,	Cyl Pa Ave

8 9 3 0 0 0 0 0 3 2

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child:	Albert Harry ~~Sonnenleiter~~
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 12 1907
4. Place of Birth, (Street and Number)	813 Scott st.
5. Full Name of Mother,	Mary Sonnenleiter
6. Mother's Maiden Name,	" Buchman
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Henry Sonnenleiter
9. Father's Occupation	Moulder
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return	C. L. Bandlamudi
Address,	419 S. Paca st.
Remarks,	8930000033

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

45708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. Sex, (state whether male or female) X
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, January 12, 93
4. Place of Birth, (Street and Number) 1807 Nine Alley
5. Full Name of Mother, Eliz Queen
6. Mother's Maiden Name, Williams
7. Mother's Birthplace, Md
8. Full Name of Father, Nathan Queen
9. Father's Occupation, Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. M. Huntley

Address, 1002 Edmondson Ave

Remarks, 8930000034

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The following particulars must be set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 21-46709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 13th 93
4. *Place of Birth, (Street and Number)* 616 Hollins St.
5. *Full Name of Mother,* Mazzie Ditmann
6. *Mother's Maiden Name,* Mazzie Weinfeld
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* August Ditmann
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Easton Ave.

Remarks,

6930000035

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-29-54

A-25110

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edgar King Edwards Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 13 93
4. Place of Birth, (Street and Number) 1235 N. Broadway
5. Full Name of Mother, Georgia Edwards
6. Mother's Maiden Name, Drake
7. Mother's Birthplace, Md
8. Full Name of Father, E. K. Edwards
9. Father's Occupation, Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return, C. J. Schwatka M. D.

Address, 1003 N. Broadway

Remarks,

8930000036

ascertained the full name of each child (if any shall have been conferred), its Sex, color (the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

1893

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First (1st)
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* Mulatto
4. *Date of Birth,* January 13, 1893
5. *Place of Birth, (Street and Number)* No 1 East Monument St
6. *Full Name of Mother,* Mrs. Catharine Helen Poehlman
7. *Mother's Maiden Name,* Mrs. Catharine H. Kease
8. *Mother's Birthplace,* Harford County, Maryland
9. *Full Name of Father,* Mr. Nicholas Poehlman
10. *Father's Occupation* Produce Dealer
11. *Father's Birthplace,* Baltimore Md
12. *Name of Medical Attendant,* or other person who makes this Return, Wm H. Chaudlee M.D.
13. *Address,* 207 North Broadway
14. *Remarks,*

8930000037

Wm J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1933

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13 January
4. *Place of Birth, (Street and Number)*	119 South Regester St
5. *Full Name of Mother,*	Fannie Helfly
6. *Mother's Maiden Name,*	Muller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Helfly
9. *Father's Occupation*	Key-Juper Man
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. DeLake
Address,	1114 South Bond St
Remarks,	8930000038

The mother, immediately after the birth of each child which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

Q-45 11 A

1. Sex. Male No. of Child of Mother, 3
2. Race or Color, White
3. Date, Jan 13
4. Place of Birth, 5 Golden Lane
5. Full Name of Mother, Lizzie Connelly
6. Mother's Maiden Name, Mayes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Connelly
9. Father's Occupation, Stoker
10. Father's Birthplace, Baltimore

Mrs Mary Harper
410 Pratt St

130000439

a-45112B

1. Sex, Male No. of Child of Mother, 2
2. Race or Color, White
3. Date, Jan 13 1893
4. Place of Birth, 778 S Peters
5. Full Name of Mother, Antonia Kotalan Trutnosky
6. Mother's Maiden Name, Antonia Kotalan
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jos. Trutnosky
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Mrs Mary Morgan
412 Sixth St

RETURN OF A BIRTH.

A 15713

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, January 13th 1913
4. Place of Birth, (Street and Number) No. 88 Garrison Ave
5. Full Name of Mother, Alice Fefel
6. Mother's Maiden Name, Alice Feldmeier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Fefel
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 18930000041

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimere City.

Annie Mary ——— Wietscher

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex, (state ~~whether male or~~ female)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth, January 13th 1893
4. Place of Birth, (Street and Number) 1128 E Lombard St.
5. Full Name of Mother, Catharine Wietscher
6. Mother's Maiden Name, " Ditz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Wietscher
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. Ridgway Andre M.D.

Address, 1123 E Baltimore St

Remarks, GIVEN [illegible] 8 9 3 0 0 0 0 0 4 2

h. M

Wm. J. C. Dulany Co., City Printers and Stationers

Every person who shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 4514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 14th 1893
4. Place of Birth, (Street and Number) 613 S. Wolfe St
5. Full Name of Mother, Emilie Lietz
6. Mother's Maiden Name, Buxel
7. Mother's Birthplace, Germany
8. Full Name of Father, Ferdinand Lietz
9. Father's Occupation
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Buxel

Address, 838 S. Broad St

Remarks,

1893 0000043

been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH

43716.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c.~~)

1. Sex, (~~State whether~~ male or ~~female~~)
2. Race or color, (~~If not~~ of the white race)
3. Date of Birth, Jan 14th 1893
4. Place of Birth, (Street and Number) 602 Columbia Ave
5. Full Name of Mother, Mary Elizabeth Kelly Stevens
6. Mother's Maiden Name,
7. Mother's Birthplace, Talbot Co Md
8. Full Name of Father, C J G Kelly
9. Father's Occupation, Retired Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elias C Price M.D.

Address, 953 Madison Ave

Remarks, Full name of child - Charles M. Kelly

8930000044

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. GULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A4517.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 14th 1893
4. Place of Birth, (Street and Number) No 201 W Hoffman St
5. Full Name of Mother, Josephine Harris
6. Mother's Maiden Name, " Brice
7. Mother's Birthplace, Queen Anne Co Md
8. Full Name of Father, John A P Harris
9. Father's Occupation, Waiter
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, No 1024 Park Ave

Remarks,

8930000045

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the manner of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	3d.
2. *Sex, (state whether male or female)*	Female
3. *Race or Color, (if not of the white race)*	White
4. *Date of Birth,*	~~1708 Park ave~~ Jan. 14. 1893.
5. *Place of Birth, (Street and Number)*	1708 Park ave.
6. *Full Name of Mother,*	Arabella Manning.
7. *Mother's Maiden Name,*	Russell
8. *Mother's Birthplace,*	England
9. *Full Name of Father,*	Cleland P. Manning -
10. *Father's Occupation,*	Secretary - -
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Alfred Hanstad M.D.
Address,	809 Cathedral St.
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8930000046

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 45119.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. 14 Januar
4. Place of Birth, (Street and Number) Fort ave. 1038.
5. Full Name of Mother. Anna Louise Helmig
6. Mother's Maiden Name. Fuchs.
7. Mother's Birthplace. Germany.
8. Full Name of Father. Moritz Herman Helmig
9. Father's Occupation. Laborer.
10. Father's Birthplace. Germany.

Name of Medical Attendant, or other person who makes this Return. Kath. McGinnis

Address, Beason st. 1421 Locus Point.

Remarks,

8930000047

Wm J C. Dulany Co., City Printers and Stationers.

The full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A-45170.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Jany 1st 1893
4. Place of Birth, (Street and Number)	#2110 Ramsay Str
5. Full Name of Mother,	Mrs Sophie Pfiffer
6. Mother's Maiden Name,	Miss " Miller
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	George Pfiffer
9. Father's Occupation	Labor
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt St
Remarks,	1893000000048

The law requires the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the mother, immediately report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 14th, 1893
4. Place of Birth, (Street and Number) 913 Fell St.
5. Full Name of Mother, Lilly Skalinski
6. Mother's Maiden Name, Garjenski
7. Mother's Birthplace, Pole Skalinski
8. Full Name of Father, Poland
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Murphy

Address, 806 Thames St

Remarks,

8930000049

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 45777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Thirteenth January
4. *Place of Birth, (Street and Number)*	1214 W. Old Bay St
5. *Full Name of Mother,*	Ella Cox
6. *Mother's Maiden Name,*	Ella Horan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Luke Cox
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Dr. Christian Lauer
Address,	134 Harford Ave
Remarks,	Balt. Md

8930000050

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 14th 1893

4. Place of Birth, (Street and Number) 1218 E. Pratt St.

5. Full Name of Mother, Lizzie Spencer

6. Mother's Maiden Name, Lizzie Snyder

7. Mother's Birthplace, Pittsburg Penna.

8. Full Name of Father, Israel Spencer

9. Father's Occupation Carpenter

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Peter Mamaday

Address, 17 N. Central Ave

Remarks,

8930000051

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 45174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. January ~~22d Holiday~~ June 11 1893
4. Place of Birth, (Street and Number) 336 Holiday st
5. Full Name of Mother, Elizabeth Ray
6. Mother's Maiden Name, Elizabeth Hopkins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Ray
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Harriet Jackson

Address, 124 Rutgers ave

Remarks,

8930000052

Whoever shall refuse or neglect to report, as aforesaid, the birth of any child, or shall report any false or untrue statement concerning the same, as far as the same can be ascertained under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 45175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 15th 1893
4. *Place of Birth, (Street and Number)*	Hse 1132 Orleans st
5. *Full Name of Mother,*	Lavinia Lee
6. *Mother's Maiden Name,*	Lavinia Lewis
7. *Mother's Birthplace,*	Louisville Co. Ky
8. *Full Name of Father,*	Frank Lee
9. *Father's occupation*	Labor
10. *Father's Birthplace,*	Baltimore Co
Name of Medical Attendant, or other person who makes this Return,	Jane Warren
Address,	1131 Parrish st
Remarks,	

8930000053

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 11512

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 15
4. Place of Birth (Street and Number)	1404 Lafayette Av.
5. Full Name of Mother	~~Oliver Brown~~ Maggie Flynn Brown
6. Mother's Maiden Name	Maggie Flynn
7. Mother's Birthplace	Ireland
8. Full Name of Father	Oliver Brown
9. Father's Occupation	Sailor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Md. Robt C. Kneas
Address	1305 W Fayette St
Remarks	

8930000054

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

25427

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male ~~or female~~)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 15th 1893.
4. *Place of Birth, (Street and Number)*	550 N. Mary St.
5. *Full Name of Mother,*	Rose Jones.
6. *Mother's Maiden Name,*	Rose Ford
7. *Mother's Birthplace,*	St Mary's Co. Maryland
8. *Full Name of Father,*	Benjamin Jones.
9. *Father's Occupation,*	Coachman
10. *Father's Birthplace,*	St Mary's Co Md
Name of Medical Attendant, or other Person who makes this Return	Edward Gilbert Jr M.D.
Address,	324 N Bond St
Remarks,	Twin baby

8930000055

any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T. & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46728

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Jan. 15. 1903
4. Place of Birth, (Street and Number) 209 S. Dunbarton St.
5. Full Name of Mother, Mrs. Frances Miller Tyrell
6. Mother's Maiden Name, Miss Miller
7. Mother's Birthplace, St. Louis, Missouri
8. Full Name of Father, John Tyrell
9. Father's Occupation, Laborer.
10. Father's Birthplace, Alexandria Va.

Name of Medical Attendant, or other person who makes this Return. A. A. Lewis M.D.

Address, 2000 E. Baltimore St.

Remarks, Forceps delivery

8 9 3 0 0 0 0 0 5 6

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 15th 1893

4. Place of Birth, (Street and Number) 640 E Pratt st

5. Full Name of Mother, Kate V Dempf

6. Mother's Maiden Name, Kate V Snyder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John F Dempf

9. Father's Occupation Bricklayer

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, M E Knowles

Address, 212 N Patterson Park Ave

Remarks, 8930000057

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45130.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th June 93
4. Place of Birth, (Street and Number) 1112 W. Saratoga St
5. Full Name of Mother, Annie Heumann
6. Mother's Maiden Name, Annie Christ
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Heumann
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Jason Hunter

Address, 23 N Payne Street

Remarks,

8930000058

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-17-50

RETURN OF A BIRTH. A 45731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Andrew ~~Walter~~ Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born - Jany 15 to 1893
4. *Place of Birth, (Street and Number)*	# 78 Garrison Lane
5. *Full Name of Mother,*	Mrs Annie Smith
6. *Mother's Maiden Name,*	Miss " Eilingsfield
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Louis Smith
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt Str
Remarks,	

8930000059

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

45137

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jany 15 1893 11 30 P m.

4. Place of Birth, (Street and Number) 1134 w Lexington St

5. Full Name of Mother, Mary Cohen

6. Mother's Maiden Name, Mary Lettauer

7. Mother's Birthplace, Warsaw N Carolina

8. Full Name of Father, Samuel Cohen

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return. A H Sartorius M D

Address, 1136 W Lexington St

Remarks,

8 9 3 0 0 0 0 0 6 0.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 45733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* January 16/93
4. *Place of Birth (Street and Number),* 1615 Race St
5. *Full Name of Mother,* Amanda A Haffner
6. *Mother's Maiden Name,* Amanda A Benson
7. *Mother's Birthplace,* Missouri
8. *Full Name of Father,* John H Haffner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. M. L. Hooper M.D.

Address, 132 Hanover

Remarks,

8930000061

...arrest, (a) sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...altimore Publishing Co., City Printers and Stationers.

E 45732

1. *Sex.* [illegible] *No. of Child of Mother,* 4
2. *Race or Color,* 18 W
3. *Date,* Jan 16
4. *Place of Birth,* 819 Columbia St
5. *Full Name of Mother,* Eliz Beckett, Martin
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Becket
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore,

Mrs Mc Monyon
419 Scott St

1893 0 0 0 0 0 6 2

RETURN OF A BIRTH. A 45735.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 16th 1891 PUT IN 1893 ALSO 1891

4. Place of Birth, (Street and Number) 815 Hare st

5. Full Name of Mother, Annie Baus

6. Mother's Maiden Name, Hass

7. Mother's Birthplace, Germany

8. Full Name of Father, John Baus

9. Father's Occupation Waterright

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah Trust

Address, 807 Hare St. Canton, Md.

Remarks,

8930000063

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White (Italian)
3. Date of Birth, Monday January 16th 93 5:30 P.M.
4. Place of Birth, (Street and Number) Colvin & Barclay sts (S.E. Corner)
5. Full Name of Mother, Mary DiPaula
6. Mother's Maiden Name, Mary Giordano
7. Mother's Birthplace, Italy
8. Full Name of Father, Vincent DePaula
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Edward Mc Shane

Address, 116 W Madison St

Remarks,

18930000064

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

(The law requires that a certificate be registered of the birth of each child of any woman who shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 16 1893
4. Place of Birth, (Street and Number) 710 Aisquith St Balto md
5. Full Name of Mother, Georgie Annie Powell
6. Mother's Maiden Name, Georgie Annie Reed
7. Mother's Birthplace, Balto md
8. Full Name of Father, Edward Powell
9. Father's Occupation, Steveder
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return. Annie E Harris

Address, 1045 Cross Street Court

Remarks,

1893 0000065

The parent, guardian, or other person having charge of any child born in Baltimore City, shall have such child registered within ten days after its birth, and shall not refuse or neglect to give the full name or names of each child; and shall not be relieved of this duty because another person has been employed to perform it. The certificate of birth shall be made in the form prescribed by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. B 145738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 17 05
4. Place of Birth, (Street and Number) Dallas St 803
5. Full Name of Mother, Mary Stawinski
6. Mother's Maiden Name, " Kartaki
7. Mother's Birthplace, Poland
8. Full Name of Father, George Stawinski
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krdzka

Address, 606 Linn St.

Remarks,

8930000066

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Delany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 45139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17 January
4. *Place of Birth, (Street and Number)*	2 Druid Hill Ave
5. *Full Name of Mother,*	Marina Shilleg
6. *Mother's Maiden Name,*	Hiller
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Joseph Shilleg
9. *Father's Occupation,*	Lather man
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Delka
Address,	#114 South Bond St
Remarks,	

8930000067

C. Dulany Co., City Printers and Stationers.

The same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date, and place of birth, and the said schedule shall be delivered daily signed by the Vital Statistics Commissioner of Health. In case the birth of any be so third day of each and every month of a physician or practitioner of midwifery, of the previous or twenty of such shall occur without the attendance of such physician or practitioner, it shall become the duty of the parents above required, and attendance upon the mother, Immediately hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 6 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	185 Jefferson Street
4. *Place of Birth, (Street and Number)*	17 January
5. *Full Name of Mother,*	Libbie Roman
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Lewis Roman
9. *Father's Occupation*	Decorator
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Getzke
Address,	#114 South Bond St
Remarks,	

18930000068

The name shall be given as the same can be ascertained the full name of each child born alive in this city during the month next after the birth thereof, and in case any child shall die before a return of the birth of such child shall have been entered in the said schedule, the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. Sex, (state whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, 11th January 1913.
4. Place of Birth, (Street and Number) 2 E. Lexington St. Following
5. Full Name of Mother, Mary E. Powell.
6. Mother's Maiden Name, Keefer.
7. Mother's Birthplace, Md.
8. Full Name of Father, James W. Powell.
9. Father's Occupation, Blacksmith.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return Mary Harriet Simmons M.

Address, 2 E Lexington St.

Remarks,

1930000069

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be sued for and recovered as other fines and forfeitures are recoverable.

C. HILLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

45147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16 15
4. Place of Birth, (Street and Number) Lancaster 1703
5. Full Name of Mother, Vala Sh Zoreslai
6. Mother's Maiden Name, " Shomberslai
7. Mother's Birthplace, Poland
8. Full Name of Father, Valantin Zoreslai
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 808 Ann St.

Remarks,

1 8 9 3 0 0 0 0 0 7 0

...ed by C. Dulany Co., City Printers and Stationers.

...been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether ~~male~~ or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 17-93
4. *Place of Birth, (Street and Number)*	1114 Hanover St
5. *Full Name of Mother,*	Mrs Anna McGrain
6. *Mother's Maiden Name,*	Anna Shue
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Thomas McGrain
9. *Father's Occupation*	Yard Master Md-Clay
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Dr Phillips
Address,	753 W Lexington St
Remarks,	

8 9 3 0 0 0 0 0 7 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 46744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 17th
4. Place of Birth, (Street and Number) 646 Columbia Ave
5. Full Name of Mother, Christiana Pfeffer
6. Mother's Maiden Name, Christiana Eberhard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Pfeffer
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Hellgonda Pfeffer
646 So Pine St

8 9 3 0 0 0 0 0 7 2

Wm J C. Dulany Co., City Printers and Stationers.

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 January 1893

4. Place of Birth, (Street and Number) Lemon St 990

5. Full Name of Mother, Delley Long

6. Mother's Maiden Name, Dalley Gowin

7. Mother's Birthplace, Ireland

8. Full Name of Father, Tommy Long

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Pozzolana St

Remarks, 1893 0000073

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45746.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 18th 1893.
4. *Place of Birth, (Street and Number)* Baltimore Md 711 S Dallas
5. *Full Name of Mother,* Agnie Thayer
6. *Mother's Maiden Name,* Jones Rebecca
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Thayer
9. *Father's Occupation,* Cake-maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr Mary E Brannan

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Infant are doing fine

8930000074

Sec. 2. And be it further enacted, That the said return shall contain the full name and occupation of the parents, the date and place of birth, and the name of the child, if it has been christened; its sex, color, the full name and occupation of its

RETURN OF A BIRTH.

45147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7-

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Jan 16-93
4. Place of Birth, (Street and Number) 2230 E Biddle
5. Full Name of Mother, Jane Susan Genil -
6. Mother's Maiden Name, Yost
7. Mother's Birthplace, U. S. A.
8. Full Name of Father, Wm Genill -
9. Father's Occupation, R. R. Conductor
10. Father's Birthplace, U S A

Name of Medical Attendent, or other person who makes this Return. Irving Miller M D

Address, 1207 E. Monument St

Remarks,

1893000000075

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 45748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 15th 1893
4. Place of Birth, (Street and Number) No 1847 E. Chester St
5. Full Name of Mother, Annie B. Horne
6. Mother's Maiden Name, Annie B. [illegible]
7. Mother's Birthplace, Sykesville Carroll Co Md
8. Full Name of Father, Marion Franklin Horne
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return— J. C. W. Davis M.D.

Address, 1325 E. Chester St.

Remarks, 8930000076

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8930000077

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

189

...J. S. GILARY & CO., CITY PRINTERS 440 ST. PAUL

RETURN OF A BIRTH. # 4510.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 19th
4. Place of Birth, (Street and Number) Lancaster & 1612
5. Full Name of Mother, Anna Kutz
6. Mother's Maiden Name, " Berndtenska
7. Mother's Birthplace, " Poland
8. Full Name of Father, John Kutz
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krzyzan

Address, 806 Linn St.

Remarks,

893 0 0 0 0 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

A 45751

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1223 Baltimore St
4. *Place of Birth, (Street and Number)*	The 19th January
5. *Full Name of Mother,*	Rosie Lieberman
6. *Mother's Maiden Name,*	Rose Sera
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Dittmann
9. *Father's Occupation*	Waiter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Christina Eder
Address,	159 Hartford
Remarks,	Balto, Md
	1893000007 9 City

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 20th 1893.
4. Place of Birth, (Street and Number) Baltimore Md 454 Stricker
5. Full Name of Mother, Mary Nash
6. Mother's Maiden Name, Mary Keates
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John H. Nash
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Dennis

Address, 454 Stricker St Baltimore Md

Remarks, Isolated and Child are doing well

18930000080

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 45783.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 2nd 1893
4. Place of Birth, (Street and Number) S. E. Cor. Eutaw & Chester Street
5. Full Name of Mother, Susan E. Laroque
6. Mother's Maiden Name, " " Queen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Emile J. Laroque
9. Father's Occupation, Pharmacist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James A. McShane, M.D.

Address, 20 E. Fayette Street

Remarks,

8 9 3 0 0 0 0 0 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female (Beryl Phillips)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 21 1893
4. Place of Birth, (Street and Number) 2335 E Fayette st
5. Full Name of Mother, Susie A Phillips
6. Mother's Maiden Name, " " Keene
7. Mother's Birthplace, Md
8. Full Name of Father, Geo T Phillips
9. Father's Occupation, Oyster Packer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J T Shuckanow MD

Address, 14 N Patterson Park Ave

Remarks, Given name added by mother Dec 4-1925
Mrs Geo T Phillips

893000008 2

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 45755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 21. 1893 – 11.30 Pm
4. *Place of Birth, (Street and Number)*	601 N. Calhoun St.
5. *Full Name of Mother,*	Alice Hopkins
6. *Mother's Maiden Name,*	Alice Leq. Innis
7. *Mother's Birthplace,*	Prince Geo Co Md.
8. *Full Name of Father,*	Joseph Hopkins
9. *Father's Occupation,*	Mercantile Traveller
10. *Father's Birthplace,*	Prince Geo Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	A J C. Saxton M.D.
Address,	1136 W Lexington St
Remarks,	Balto Md.
	8930000083

Section 1. Be it enacted by the General Assembly of Maryland, That the Board of Health of Baltimore City shall cause to be registered the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-29-56

RETURN OF A BIRTH. 45756.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Magdalena ~~Henrietta~~ Frendenberger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	1911 E Madison St
4. *Place of Birth, (Street and Number)*	Jan 1 '22
5. *Full Name of Mother,*	Caroline Frendenberger
6. *Mother's Maiden Name,*	Certificate
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Florian Frendenberger
9. *Father's Occupation*	Day Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Carl Geo Miller
Address,	1615 Walker St.
Remarks,	

8 9 3 0 0 0 0 0 0 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth on/or as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 20

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 2 '22
4. Place of Birth, (Street and Number) 226 Exeter St
5. Full Name of Mother, Mary Szpatly
6. Mother's Maiden Name, " Slawczyk
7. Mother's Birthplace, Poland
8. Full Name of Father, Joseph Szpatly
9. Father's Occupation Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Caroline Stelle

Address, 1605 Walbrook St

Remarks,

8 9 3 0 0 0 0 0 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 45758.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Jan 2nd 93
4. Place of Birth, (Street and Number) 427 N. 24th St.
5. Full Name of Mother, Eliza Jane Eaton
6. Mother's Maiden Name, Eliza Jane Reed
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Alan Francis Eaton
9. Father's Occupation, Switchman B. C. R.R.,
10. Father's Birthplace, New Market

Name of Medical Attendant, or other person who makes this Return. Cecil C. Stewart M.D.

Address, 120 N. 23rd St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1893000000086

RETURN OF A BIRTH. 45759.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 2 1893
4. *Place of Birth, (Street and Number)*	1135 Johnson st
5. *Full Name of Mother,*	Barbara Reis
6. *Mother's Maiden Name,*	Wehn
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Nicklaus Reis
9. *Father's Occupation,*	Ship carpenter
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	J. Lohrasser, M.D. wife
Address,	1032 Hanover st
Remarks,	

8930000087

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

45760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 3 '22 (Made 1893)
4. *Place of Birth, (Street and Number)* 122 Granby St
5. *Full Name of Mother,* Anna Scruggs
6. *Mother's Maiden Name,* Selfridge
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Scruggs
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Geo. Miller

Address, 1606 Walker St

Remarks,

8930000088

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

4516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (~~state whether~~ male ~~or female~~)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 4. 93

4. *Place of Birth, (Street and Number)* 1338 Argyle

5. *Full Name of Mother,* Mary E. Wellman

6. *Mother's Maiden Name,* Simpson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Dr Wm J. Wellman

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* Cal. Co. Md.

Name of Medical Attendant, or other Person who makes this Return Dr. W. F. Fleming

Address,

Remarks,

8930000089

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should the other person in be in attendance upon the mother fail immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the due of ten ($10) Dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5th 1893
4. Place of Birth, (Street and Number) 842½ W. Lombard St
5. Full Name of Mother, Ellen Ewing
6. Mother's Maiden Name, Courtney
7. Mother's Birthplace, Greensboro, Md
8. Full Name of Father, John Ewing
9. Father's Occupation, Peddler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. J. Gladstone

Address, 855 W. Lombard St.

Remarks,

8930000090

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4076 3

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 6 1893.
4. Place of Birth, (Street and Number)	107 Hamburg st
5. Full Name of Mother,	Rickie Boesch
6. Mother's Maiden Name,	Hermann
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Rudolph Boesch
9. Father's Occupation,	Stone cutter.
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Lohmasser Midwife
Address,	1032 Hanover st.
Remarks,	

8 9 3 0 0 0 0 0 9 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 8 1893.
4. Place of Birth, (Street and Number)	140 Cross st.
5. Full Name of Mother,	Lena Arnhold.
6. Mother's Maiden Name,	Fischs.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	George Arnhold.
9. Father's Occupation,	Book keeper.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return,	J. Schwaser Midwife.
Address,	1032 Hanover st
Remarks,	

8 9 3 0 0 0 0 0 9 2

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 45165.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 9/93
4. Place of Birth, (Street and Number) 1226 Musker St.
5. Full Name of Mother, Florence E. Bolman
6. Mother's Maiden Name, Florence E. McKnew.
7. Mother's Birthplace, ~~Balt.~~ York Pa.
8. Full Name of Father, Alvin N. J Bolman.
9. Father's Occupation, Lgbaeman
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return. James A. Clarke

Address, 1625 Madison Ave.

Remarks,

6930000093

...shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...J. C. BALAKY & CO., CITY POINTERS AND STATIONERS

D. 45766.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec. 9, 1893
4. Place of Birth, (Street and Number) 646 Division
5. Full Name of Mother, Fannie Fuller
6. Mother's Maiden Name, Gosnell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Arthur A Fuller
9. Father's Occupation, Brakeman
10. Father's Birthplace, Md Baltimore

Name of Medical Attendant, or other Person who makes this Return, E. J. Kleinman M.D.

Address, 846 Madison Ave

Remarks,

8930000094

...Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 9th 1893
4. Place of Birth, (Street and Number) Douglas Lane B. City
5. Full Name of Mother, Hester C. Green
6. Mother's Maiden Name, Hester C. Wicks
7. Mother's Birthplace, Calvert Co. Md
8. Full Name of Father, Lewis H. Green
9. Father's Occupation Truckman
10. Father's Birthplace, Prince georges Co. Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Wicks

Address, Carroll P.C. Balto. City

Remarks.

1 8 9 3 0 0 0 0 0 9 5

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

#5768.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 11/93
4.	*Place of Birth, (Street and Number)*	507 Lexington Ave
5.	*Full Name of Mother,*	Mary Johnson
6.	*Mother's Maiden Name,*	Mary Smith
7.	*Mother's Birthplace,*	VA
8.	*Full Name of Father,*	Wm Johnson
9.	*Father's Occupation,*	Sailor
10.	*Father's Birthplace,*	VA
	Name of Medical Attendant, or other person who makes this Return,	Jane Woodland
	Address,	
	Remarks,	

8930000096

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

45169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan 1 1893
4. Place of Birth, (Street and Number)	1713 Charles st
5. Full Name of Mother,	Emelie Siegwart
6. Mother's Maiden Name,	Stockhausen.
7. Mother's Birthplace,	America
8. Full Name of Father,	Arnold Siegwart
9. Father's Occupation,	Glass blower
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser. Midwife.
Address,	1032 Hanover st
Remarks,	

8930000097

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45170.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 11th 1893
4. Place of Birth, (Street and Number) 1432 Belvidere Avenue
5. Full Name of Mother, Mary Dora Tegeler
6. Mother's Maiden Name, M. J. Echle
7. Mother's Birthplace, Cumberland Md.
8. Full Name of Father, William Tegeler
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. J. C. Gilchrist Surgeon & Supervisor

Address, 130 Valley Street

Remarks,

8 9 3 0 0 0 0 0 9 8

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 45771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Christian John Reisig

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) (White, 1898) O.K.
3. Date of Birth, June 13 '98
4. Place of Birth, (Street and Number) 526 N. Eden St.
5. Full Name of Mother, Lizzie Reisig
6. Mother's Maiden Name, Baxter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Reisig
9. Father's Occupation, Bay Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Mary Mills

Address, 1006 Baxter St.

Remarks,

+ 8930000099

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45177

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 12th-93.
4. Place of Birth, (Street and Number) 402 Druid Hill Ave.
5. Full Name of Mother, Freda Förster
6. Mother's Maiden Name, Freda Heidmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph F. Förster
9. Father's Occupation, Furniture worker
10. Father's Birthplace, Belgium

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohlert. M.D

Address, 1203 West Fayette St

Remarks,

8930000100

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col'd
3. *Date of Birth,*	June 18 1893
4. *Place of Birth, (Street and Number)*	250 Booth
5. *Full Name of Mother,*	Martha Fields
6. *Mother's Maiden Name,*	Martha Johnson
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Jno Fields
9. *Father's Occupation*	Col'd
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return,	Jane Woodward
Address,	
Remarks,	

8 9 3 0 0 0 0 1 0 1

...ed to be considered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 45774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 13 1893.
4. *Place of Birth, (Street and Number)*	1219 Wall st
5. *Full Name of Mother,*	Lizzie Mendel
6. *Mother's Maiden Name,*	Binger
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Peter Mendel
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife
Address,	1032 Hanover st
Remarks,	

8930000102

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 48775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1895

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	14 of January
4. Place of Birth, (Street and Number)	1510 Windsor Av Baltimore
5. Full Name of Mother,	Elizebeth Owen.
6. Mother's Maiden Name,	Elizebeth Dempsey
7. Mother's Birthplace,	Cecil county Md.
8. Full Name of Father,	Frank Owen.
9. Father's Occupation,	Clerk.
10. Father's Birthplace,	Ross England
Name of Medical Attendant, or other person who makes this Return.	Mrs Carroll.
Address,	1510 windsor Av.
Remarks,	

8930000103

Each contract to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DILLAVY & CO., CITY PRINTERS AND STATIONERS

A 45170.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 to kind

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* 15 Januar
3. *Date of Birth,* 408 Bond Street
4. *Place of Birth, (Street and Number)* 408 Bond Street
5. *Full Name of Mother,* Emma Hafman
6. *Mother's Maiden Name,* E.
7. *Mother's Birthplace,* Europa
8. *Full Name of Father,* Leo Hofman
9. *Father's Occupation,* Stor Kiper
10. *Father's Birthplace,* Europa

Name of Medical Attendant, or other person who makes this Return, Lina Bandler

Address, 1125 E Pratt Street

Remarks,

8 9 3 0 0 0 0 1 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. No. 45777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 15 1893
4. *Place of Birth, (Street and Number)*	10 West st
5. *Full Name of Mother,*	Mary Livingston
6. *Mother's Maiden Name,*	Minick
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Frank Livingston
9. *Father's Occupation*	Porter
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	J. Schwarzer Midwife
Address,	1032 Hanover st
Remarks,	

8930000105

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Jan 16/93
4. Place of Birth, (Street and Number) 201 Pierce Alley
5. Full Name of Mother, Mary Fields
6. Mother's Maiden Name, Mary Fields
7. Mother's Birthplace, Md
8. Full Name of Father, Henry Smith
9. Father's Occupation Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Jane Woodland

Address,

Remarks,

6 9 3 0 0 0 0 1 0 6

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 45779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 18 th 1893
4. Place of Birth, (Street and Number) 830 Hard st
5. Full Name of Mother, Annie Marie Haynes
6. Mother's Maiden Name, annie Marie Banton
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, William Shermans Haynes
9. Father's Occupation, Porter
10. Father's Birthplace, New york

Name of Medical Attendant, or other person who makes this Return, Lucy Cornish

Address, 255 Cornish alley

Remarks,

8930000107

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 15th 1892
4. *Place of Birth, (Street and Number)*	1004 Potomac St.
5. *Full Name of Mother,*	Annie Webster
6. *Mother's Maiden Name,*	Annie Kinsley
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	James L. Webster
9. *Father's Occupation,*	Prof of Music
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	H. H. Johnson M.D.
Address,	114 East Pratt St.
Remarks,	

8 9 3 0 0 0 0 1 0 8

GEO. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	19 January
4.	*Place of Birth, (Street and Number)*	823 Elm alley
5.	*Full Name of Mother,*	Annie Hammon
6.	*Mother's Maiden Name,*	Annie Lee
7.	*Mother's Birthplace,*	Westmoreland
8.	*Full Name of Father,*	Charles Hammon
9.	*Father's Occupation,*	Bar tender
10.	*Father's Birthplace,*	Calvert County
	Name of Medical Attendant, or other person who makes this Return,	Milly Gross
	Address,	213 York Street
	Remarks,	No remarks

1893000109

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Born 9
4. Place of Birth, (Street and Number) Annie Pettit
5. Full Name of Mother, 604 Braddock t
6. Mother's Maiden Name, Annie Parks
7. Mother's Birthplace, Accomack Co Va
8. Full Name of Father, James E Pettit
9. Father's Occupation Steam Mason
10. Father's Birthplace, Accomack Co Va

Name of Medical Attendant, or other person who makes this Return, Celestial Cook

Address, 714 Braddock St

Remarks,

8930000110

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

45783.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 21 st 1895
4. Place of Birth, (Street and Number)	No 1015 Fort ave
5. Full Name of Mother,	Augusta Stenka
6. Mother's Maiden Name,	Augusta Koheke
7. Mother's Birthplace,	Germany
8. Full Name of Father,	August Stenka
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	No 1517 Byrd st
Remarks,	

8 9 3 0 0 0 0 1 1 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 21/93
4. Place of Birth, (Street and Number)	507 N. Exeter St. Splendid
5. Full Name of Mother,	Mary Drohan
6. Mother's Maiden Name,	Davis
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mathew Drohan
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Jos W Ames M D
Address,	1821 Pennsylvania
Remarks,	

8 9 3 0 0 0 0 1 1 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 145785.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 21st 1893.
4. Place of Birth, (Street and Number) 302 - N - Howard St.
5. Full Name of Mother, Julia Kreuger.
6. Mother's Maiden Name, Julia Schulz
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Harry Kreuger
9. Father's Occupation.
10. Father's Birthplace, Hanover - Germany.

Name of Medical Attendant, or other person who makes this Return, Robt S. Wilson.

Address, 520 Park Ave.

Remarks, The father died Sept 5th 1892.

8 9 3 0 0 0 0 1 1 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ENG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 21 1893
4. *Place of Birth, (Street and Number)* No 1734 Hanover St
5. *Full Name of Mother,* Lydia Hudson
6. *Mother's Maiden Name,* Lydia Foot
7. *Mother's Birthplace,* Louisiana
8. *Full Name of Father,* George Hudson
9. *Father's Occupation,* Conductor on B & O
10. *Father's Birthplace,* District Baltimore Co and

Name of Medical Attendant, or other person who makes this Return, E. Hinton

Address, No 1423 Hanover St

Remarks,

8930000114

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d 3d, &c~~) .....

1. *Sex, (state whether male or ~~female~~)* .....
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2/93
4. *Place of Birth, (Street and Number)* 113 Marsh Market Space
5. *Full Name of Mother,* Annie Kraemer
6. *Mother's Maiden Name,* " Goldberg
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Kraemer
9. *Father's Occupation,* Peddler Russia
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. H. Ohlendorf Jr. M.D.

Address, 960 Aisquith St

Remarks, ...

6 9 3 0 0 0 0 1 1 5

Each contract, sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 1-27-58

RETURN OF A BIRTH.

45188.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Amelia Gude ~~Nixon~~ Nixon

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, January 22nd 1893
4. Place of Birth, (Street and Number) 1126 Orleans St
5. Full Name of Mother, Anna L Nixon
6. Mother's Maiden Name, " L Gude
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward L Nixon
9. Father's Occupation Salesman
10. Father's Birthplace, S. C

Name of Medical Attendant, or other person who makes this Return, S. Ridgway Andrè M D

Address, 1123 E Baltimore

Remarks,

8930000116

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. 45189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 8 th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored Child
3. Date of Birth, } 209 Henrietta St Balto m d
4. Place of Birth, (Street and Number) } Jan 2 1893
5. Full Name of Mother, Amelia E Davis
6. Mother's Maiden Name, Amelia E Maddox
7. Mother's Birthplace, Balto m d
8. Full Name of Father, Wm E Davis
9. Father's Occupation, Raw Bot's Waiter
10. Father's Birthplace, Balto m. d

Name of Medical Attendant, or other person who makes this Return, Miller Gross

Address, No 213 York St Balto

Remarks,

8930000117

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 45190.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 22d 1893
4. Place of Birth, (Street and Number) 885 Ramsey st.
5. Full Name of Mother, Elizabeth Ebbert
6. Mother's Maiden Name, Young
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Ebbert
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Catharine Mitchell

Address, 2416 Parkin St.

Remarks,

1893000118

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

43791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race) W
3. Date of Birth, Jan'y 22nd 95.
4. Place of Birth, (Street and Number) 1912 Edmondson Ave.
5. Full Name of Mother, Grace B Stennard.
6. Mother's Maiden Name, Grace B Waidner.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward J Stennard.
9. Father's Occupation, C. & P.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, John L Kirby M.D.

Address, 662 W Lexington St.

Remarks,

6930000119

~~Each child~~ hereafter born alive in this city shall have ~~entered~~ in its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

SUN J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 45197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 22, 1893
4. *Place of Birth, (Street and Number)*	#412 N. Durham St
5. *Full Name of Mother,*	Mary Pitts
6. *Mother's Maiden Name,*	" " Watts
7. *Mother's Birthplace,*	St Mary's County
8. *Full Name of Father,*	John W. Pitts
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return,	Susan M Cooper
Address,	#133 N Durham St
Remarks,	

1893000120

Wm. J. C. Dulany Co., City Printers and Stationers.

45193.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 22, 1893
4. Place of Birth, (Street and Number) # 223 S. Durham St
5. Full Name of Mother, Martha Reid
6. Mother's Maiden Name, " Carter
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, Fraser Reid
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Flowers

Address, # 128 N. Durham St

Remarks, 1893000121

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Color'd
3. *Date of Birth,*	Jan 23 1903
4. *Place of Birth, (Street and Number)*	11 Cey. St
5. *Full Name of Mother,*	Eloise Lewis
6. *Mother's Maiden Name,*	Eloise Jackson
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Robert Thomas
9. *Father's Occupation,*	Drayman
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	J. C. Priddy M.D.
Address,	420 N. Pine St
Remarks,	

8 9 3 0 0 0 0 1 2 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

H5196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 23rd 93
4. Place of Birth, (Street and Number) No 1503 Eastern Ave
5. Full Name of Mother, Minnie Walter
6. Mother's Maiden Name, Minne Walter
7. Mother's Birthplace, Germany
8. Full Name of Father, Fritz Walter
9. Father's Occupation, Painter & Paper Hanger
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Hester Hanson

Address, No 314 South Dallas St.

Remarks,

8930000123

GEO. J. G. SKILAN & CO., CITY PRINTERS AND STATIONERS

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

45796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 23d
4. *Place of Birth, (Street and Number)*	1379 N. Cary St
5. *Full Name of Mother,*	Annie Englar
6. *Mother's Maiden Name,*	" Dibin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Englar
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Co Md
Name of Medical Attendant, or other person who makes this Return.	Ed. W. Sims M.D
Address,	1501 Pennsylvania
Remarks,	

8930000124

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

45797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black.
3. *Date of Birth,*	January 23. 1893.
4. *Place of Birth, (Street and Number)*	S. Eutaw St. No. 801.
5. *Full Name of Mother,*	Isabella Dickson.
6. *Mother's Maiden Name,*	Isabella Schmidt.
7. *Mother's Birthplace,*	Calvert County, Md.
8. *Full Name of Father,*	Peter Dickson.
9. *Father's Occupation,*	Lumber Yard Laborer.
10. *Father's Birthplace,*	Accomac County, Va.
Name of Medical Attendant, or other person who makes this Return.	A. F. Vollmann, M.D.
Address,	No. 620 S. Eutaw St.
Remarks,	Above parents have no middle Name.

1893000025

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH. A 45198

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every Physician, Midwife, or other person having charge of or rendering assistance at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	January 23rd " 1893
4. *Place of Birth (Street and Number)*	412 Hanover st
5. *Full Name of Mother*	Lelia Mason
6. *Mother's Maiden Name*	Lelia Hicks
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	John E. Mason
9. *Father's Occupation*	Steam Boatman
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	E. Buchanan M.D.
Address	526 S. Sharp St
Remarks	

6930000126

RETURN OF A BIRTH.

A 45199.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st 1893
4. Place of Birth, (Street and Number) 2336 Druid Hill Ave.
5. Full Name of Mother, Johanna Hobelmann
6. Mother's Maiden Name " " " " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Justus Hobelmann
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm Gombel M.D.

Address, 128 W. Lee St.

Remarks,

1893000127

THE SCHEDULE of Color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ETC J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Frazer ~~Elliott~~ Elliott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st of January - 1893
4. *Place of Birth, (Street and Number)* 611 E. Fairmount Ave
5. *Full Name of Mother,* Adelaid E Elliott
6. *Mother's Maiden Name,* Mahrin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Frazer Elliott
9. *Father's Occupation* House Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 Front St.

Remarks, GIVEN NAME ADDED 3-11-54 h. M.

1893000001288

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & 3 Twins

1. Sex, (state whether male or female) both Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3 th January 93
4. Place of Birth, (Street and Number) 1158 Pinkney St
5. Full Name of Mother, Anna Marie Maier
6. Mother's Maiden Name, " " Meiler
7. Mother's Birthplace, Albertshausen Germany
8. Full Name of Father, Christian Maier
9. Father's Occupation Laborer
10. Father's Birthplace, Kriesingen Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 711 Cross St.

Remarks,

8930000129

been entered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th January
4. *Place of Birth, (Street and Number)*	936 Burgundy St
5. *Full Name of Mother,*	Katie Duckett
6. *Mother's Maiden Name,*	Katie McKale
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Duckett
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Barnes
Address,	711 Green Street
Remarks,	

1 8 9 3 0 0 0 0 1 3 0

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th January
4. *Place of Birth, (Street and Number)*	625 Cumberland St Balto
5. *Full Name of Mother,*	Mary Burgess
6. *Mother's Maiden Name,*	Mary Collison
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Joseph Burgess
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Bangle
Address,	711 Cross St
Remarks,	

8930000131

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 40702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 1st
4. Place of Birth, (Street and Number) 323 N Paca St
5. Full Name of Mother, Julia Eisel
6. Mother's Maiden Name, Julia Eisel
7. Mother's Birthplace, Md
8. Full Name of Father, Chas Fage
9. Father's Occupation, Farmer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Bartus Trew M D
323 N Paca St

Address,

Remarks,

1 8 9 3 0 0 0 0 1 3 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs Barrye

Address, 711 Cross St.

Remarks,

8 9 3 0 0 0 0 1 3 3

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45706.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 7 January 1893.
4. Place of Birth, (Street and Number) 111 Barney Street.
5. Full Name of Mother, Lizzie Meifal.
6. Mother's Maiden Name, Lizzie Hopfield
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Meifal.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 Cross Street

Remarks,

1 8 9 3 0 0 0 0 1 3 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

GIVEN NAME ADDED 8-10-56

A 45307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Katherine Estella Altvater

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 11, 1893. 1893
4. Place of Birth, (Street and Number) 610 Luzerne St
5. Full Name of Mother, Margaret Mary (Coates) Altvater
6. Mother's Maiden Name, " (Brady) Bobbie Bryan
7. Mother's Birthplace, Balto
8. Full Name of Father, Elmer (Coates) Altvater
9. Father's Occupation, Labor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L Swayne

Address, 726 Luzerne St.

Remarks,

1893000135

The certificate shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 13th 11 Baltimore
4. Place of Birth, (Street and Number) 1159 Bowers St
5. Full Name of Mother, Barbara Ann Hall.
6. Mother's Maiden Name, Barbara Ann Hammerlocker.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lewis Hall.
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Burge

Address, 711 Bruce St.

Remarks,

1893000136

been conferred; its sex, color, the full name and occupation of its parents, the correct date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, it shall become and within the period above required, and attended as aforesaid, by the father, mother, or nearest relative present, or in default thereof by the person in charge of the premises, the certificate between the first and fifteenth days of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in said schedule shall be delivered, duly signed by the practitioner of midwifery, it shall become and within the period above required, and third day of each and every month to the Commissioner of Health, in the manner and subject to the penalties shall occur without the attendance of a practitioner of midwifery, it shall become the duty of the person or parents of such attended as aforesaid, by the father, mother, or nearest relative present, or in default thereof by the person in charge of the premises, the certificate between the first and fifteenth days of each month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in said schedule shall be delivered, duly signed by the practitioner of midwifery, it shall become and within the period above required, and third day of each and every month to the Commissioner of Health, in the manner and subject to the penalties of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

W. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 45704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of Six Children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) German Desent
3. Date of Birth. Jan 4 13
4. Place of Birth, (Street and Number) Baltimore City, 1133 Pinkney st
5. Full Name of Mother, Mrs Annie Demberger
6. Mother's Maiden Name, Miss Anna Lauchart
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John F Demberger
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 Lemmon St.

Remarks,

1893000137

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth. Jan 14, 1893
4. Place of Birth, (Street and Number) 2336 Hudson St.
5. Full Name of Mother, Sarah Folke
6. Mother's Maiden Name, Sarah Ford
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frayne Folke
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary S Swayne

Address, 726 Luzerne St.

Remarks,

8930000138

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth child
1. *Sex, (state whether male or female)*	boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th January 1893
4. *Place of Birth, (Street and Number)*	1002 Ridgely St
5. *Full Name of Mother,*	Elisabeth Zimmermann
6. *Mother's Maiden Name,*	Elisabeth Meister
7. *Mother's Birthplace,*	Provinz Hessen Nassau Germany
8. *Full Name of Father,*	George Zimmermann
9. *Father's Occupation,*	Machinist.
10. *Father's Birthplace,*	Provinz Hessen Nassau Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Bangel
Address,	711 Cross St.
Remarks,	

18930000139

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45717.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 14th 1893
4. Place of Birth, (Street and Number) No 326 Stockholm St
5. Full Name of Mother, Caroline Elisabeth Frat Rollers
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Henry Frat
9. Father's Occupation Seaborrer
10. Father's Birthplace, Littlestown Adams County Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Conn St.

Remarks,

1893000140

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately on the birth of any child, it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4571/3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, January 13th
4. Place of Birth, (Street and Number) 129 Montgomery St.
5. Full Name of Mother, Flora Mayer
6. Mother's Maiden Name, Flora Glaser
7. Mother's Birthplace, ~~Europe~~ Germany
8. Full Name of Father, Christian Mayer
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bauye

Address, 7x Crook Street

Remarks,

8930000141

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 45714.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 16/893
4. Place of Birth, (Street and Number) #1900 Druid Hill Ave
5. Full Name of Mother, Ellen Knell
6. Mother's Maiden Name, Ellen Airey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Knell
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jos. L. Bonnett M.D.

Address, #1025 N. Carrollton Ave

Remarks,

8930000142

Rules governing the Return of Births.

Every birth which occurs in the City of Baltimore shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 11575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	17 January 1893
4. *Place of Birth, (Street and Number)*	N. 1125 Bowen ste.
5. *Full Name of Mother,*	Lisette Stühr
6. *Mother's Maiden Name,*	Lisette Hurelbrink
7. *Mother's Birthplace,*	Germania.
8. *Full Name of Father,*	G. William Stühr
9. *Father's Occupation*	Piano Maker.
10. *Father's Birthplace,*	Germania
Name of Medical Attendant, or other person who makes this Return,	Mrs Banyo
Address,	711 Cross St.
Remarks,	

1893000014 3

been conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 18 1893
4. Place of Birth, (Street and Number) Penna Avenue & Hoffman St.
5. Full Name of Mother, Harriet V. Sullivan
6. Mother's Maiden Name, Jordan
7. Mother's Birthplace, Norfolk Virginia
8. Full Name of Father, Wilfred H. Sullivan
9. Father's Occupation, Merchant
10. Father's Birthplace, Balt. City

Name of Medical Attendent, or other person who makes this Return. Marburg Brewer M.D.

Address, 1106 McCulloh Street

Remarks,

8 9 3 0 0 0 0 1 4 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. B. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 46717.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 18, 1893
4. Place of Birth, (Street and Number) 907 Hanover Alley
5. Full Name of Mother, Elizabeth Smyth
6. Mother's Maiden Name, Elizabeth Geang
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Smith
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

8930000145

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan, 19, 1893
4. Place of Birth, (Street and Number) 916 Hull St.
5. Full Name of Mother, Rosa Levy
6. Mother's Maiden Name, Rosa Levy
7. Mother's Birthplace, Balto
8. Full Name of Father, Luke Levy
9. Father's Occupation, Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Luzerne St.

Remarks,

8930000146

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

H 6718.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	boy
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 19. 1893
4. *Place of Birth, (Street and Number)*	1112 Scott Street
5. *Full Name of Mother,*	Louisa Michel
6. *Mother's Maiden Name,*	Louisa Dorr
7. *Mother's Birthplace,*	Biedenkopf Germany
8. *Full Name of Father,*	Philipp Michel
9. *Father's Occupation*	Locksmith
10. *Father's Birthplace,*	Frais au der Lunda Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Bauge
Address,	711 Eastern Ave.
Remarks,	

1893000147

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A-40719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eight

1. Sex, (state whether male or female) second boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 january
4. Place of Birth, (Street and Number) 1609 race street
5. Full Name of Mother, augusta berger
6. Mother's Maiden Name, augusta lehmann
7. Mother's Birthplace, gotsberg in germany
8. Full Name of Father, gustav berger
9. Father's Occupation machinist
10. Father's Birthplace, lanzow in bohemian

Name of Medical Attendant, or other person who makes this Return, Mrs Bangel

Address, 711 [redacted] st.

Remarks,

89300 [redacted] 148

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

40770.

CERTIFICATE CORRECTED 3-5-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Grace Elizabeth Neily

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th Jan. 1893
4. Place of Birth, (Street and Number) 2043 Fairmount ave
5. Full Name of Mother, Annie E. Neily (Brady) Grape
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Washington H. Neily
9. Father's Occupation, Ship Chandler
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. E. P. Irons M.D.

Address, 1835 E. Balto St.

Remarks.

18930000149

Wm. J. C. Dulany & Co., City Printers and Stationers

Any midwife failing to deliver, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

45991

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Jan 20 1893
4. Place of Birth, (Street and Number) 2104 Eastern Ave
5. Full Name of Mother, Julia Cross
6. Mother's Maiden Name, Julia Barot.
7. Mother's Birthplace, Balto
8. Full Name of Father, Richard Cross
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Lexington St

Remarks,

1893 0000150

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 20, 1893
4. Place of Birth, (Street and Number) 7½ East Alley.
5. Full Name of Mother, Mary Grey
6. Mother's Maiden Name, Mary Monts
7. Mother's Birthplace, Balto
8. Full Name of Father, Francis Grey
9. Father's Occupation, Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mary L Swayne

Address, 726 Luzerne St

Remarks,

1893000001511

Wm J C. Dulany Co., City Printers and Stationers.

The practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45-773.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 20, 1893
4. *Place of Birth, (Street and Number)* 713 Post Alley
5. *Full Name of Mother,* Lizzie Kirby
6. *Mother's Maiden Name,* Lizzie Kirby
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Barney Crook
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Sweeney

Address, 726 Luzerne St

Remarks,

8930000152

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-10

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 26th

4. *Place of Birth, (Street and Number)* 1 E. Fayette & 1 Calvert St

5. *Full Name of Mother,* Mary Agnes Lynch

6. *Mother's Maiden Name,* Mary A Ennis

7. *Mother's Birthplace,* Balt City Md

8. *Full Name of Father,* Michael A Lynch

9. *Father's Occupation,* Car Starter

10. *Father's Birthplace,* Balt City Md

Name of Medical Attendant, or other Person who makes this Return. J. O'Shea Monaghan M.D.

Address, 4 E. Fayette St

Remarks,

8930000153

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

45722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 20th 1893
4. Place of Birth, (Street and Number)	10. W. Hamburg. st
5. Full Name of Mother,	Katie Lizzie Meyers
6. Mother's Maiden Name,	Katie Lizzie Conrad
7. Mother's Birthplace,	Baltimore. Md
8. Full Name of Father,	John Henry Meyers
9. Father's Occupation	Driver
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Bunyo
Address,	711 Cross St.
Remarks,	1893000015 4

Been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon birth to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to a physician or practitioner become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner become the duty of the person required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

45776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-

1. *Sex, (state whether male or female)* 7
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Jan 21 93
4. *Place of Birth, (Street and Number)* Clifton
5. *Full Name of Mother,* Annie C Whitney
6. *Mother's Maiden Name,* Langdon
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Miller Whitney
9. *Father's Occupation,* Chemist
10. *Father's Birthplace,* Md

Name of Medical Attendent, or other person who makes this Return. Dr Geo Miller 2nd

Address, 1207 E Monument St

Remarks,

18930000155

...been collected as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 22, 1893
4. Place of Birth, (Street and Number) 437 Madelene Alley
5. Full Name of Mother, Elvira Frank
6. Mother's Maiden Name, Elvira Jensey
7. Mother's Birthplace, Balto
8. Full Name of Father, George Frank
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Dwayne

Address, 726 Suzanne St.

Remarks,

8930000156

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 45777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* fifth Child
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* Jan 22 1893
5. *Place of Birth, (Street and Number)* 1162 Hamburg st Balto Md
6. *Full Name of Mother,* Annie V. Jones
7. *Mother's Maiden Name,* Annie J. Nolan
8. *Mother's Birthplace,* Balto Md
9. *Full Name of Father,* Chas J. Jones
10. *Father's Occupation* Pot Maker
11. *Father's Birthplace,* Balto Md
12. *Name of Medical Attendant, or other person who makes this Return,* Mrs Bauer
13. *Address,* 711 Cross St.
14. *Remarks,* 8930000157

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-5-58

RETURN OF A BIRTH.

A 45778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Barbara Steinberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 / ~~Female~~
1. Sex, (state whether male or female)	~~White~~ Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January January 23rd 1895
4. Place of Birth, (Street and Number)	Baltimore 606 Scott Strt
5. Full Name of Mother,	Caroline Steinberg
6. Mother's Maiden Name,	Caroline Oppenheimer
7. Mother's Birthplace,	Poland
8. Full Name of Father,	Philip Philip Steinberg
9. Father's Occupation,	Cigarmaker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Barge
Address,	711 Cross St
Remarks,	

1893000158

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 40779.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	Col'd
3. *Date of Birth*	23rd January
4. *Place of Birth (Street and Number)*	1105 Pratt St
5. *Full Name of Mother*	Emeline Washington
6. *Mother's Maiden Name*	Emeline Magee
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Louis Washington
9. *Father's Occupation*	Conductor
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E. J. Cantwell
Address	
Remarks	

1893 0000159

If the birth of any child, within the City of Baltimore, shall not be reported to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

A 45730.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 23d 1893
4. Place of Birth, (Street and Number) 184 W. Hamburg St.
5. Full Name of Mother, Ida Eliz. Curry
6. Mother's Maiden Name, " " " Gattes
7. Mother's Birthplace, New York
8. Full Name of Father, Herbert W. Curry
9. Father's Occupation, Figurer
10. Father's Birthplace, Leesburg, Va.

Name of Medical Attendant, or other person who makes this Return. Wm Goubel Jnd.

Address, 128 W. Lee St.

Remarks,

8 9 3 0 0 0 0 1 6 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every birth shall be registered with the name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	28 of Jan
4. *Place of Birth, (Street and Number)*	1135 S Paca
5. *Full Name of Mother,*	Matilda Bienville
6. *Mother's Maiden Name,*	Matilda Kahl
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Bienville
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Washington D C
Name of Medical Attendant, or other person who makes this Return.	Mrs Bange
Address,	711 Conn St.
Remarks,	

8930000161

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

45231½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 23 - 1893
4. Place of Birth, (Street and Number)	No 2421 Jamison st
5. Full Name of Mother,	Mary Rose Shapefield
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	William Rowe
9. Father's Occupation,	Sawyer
10. Father's Birthplace,	Delaware
Name of Medical Attendant, or other person who makes this Return,	Sarah T Harrington
Address,	No 924 Bimney st
Remarks,	1893 0000162

said, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-45-787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, January th 23 1899
4. Place of Birth, (Street and Number) 1 yorck sty No 13
5. Full Name of Mother, irebeller smith
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimize
8. Full Name of Father, alfred Middo
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, sargent Jam Wilson

Address, No 117 west Hyrey street

Remarks, full 9 months

8930000163

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. MULLAHY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 24 th
4. Place of Birth, (Street and Number) 323 N Paca st
5. Full Name of Mother, Maud Dawson
6. Mother's Maiden Name, Maud Dorsey
7. Mother's Birthplace, Piedmont W Va
8. Full Name of Father, Timothy Dawson
9. Father's Occupation, Watchman
10. Father's Birthplace, Tipperary Ireland

Name of Medical Attendant, or other person who makes this Return, Booties Trew M D

Address, 323 N Paca st

Remarks, 1893 0000164

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 L

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 24.
4. *Place of Birth, (Street and Number)* Burgundy Alley 1347
5. *Full Name of Mother,* Barbara Reif
6. *Mother's Maiden Name,* Hemmer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Simon Reif
9. *Father's Occupation* Beer Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bayer

Address, 711 Conn St.

Remarks,

+ 8 9 3 0 0 0 0 1 6 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 25th, 1893.
4. Place of Birth (Street and Number)	# 409 Third St. Canton.
5. Full Name of Mother	Elizabeth Richter
6. Mother's Maiden Name	Elizabeth Shepf
7. Mother's Birthplace	City
8. Full Name of Father	Ludwig Richter
9. Father's Occupation	Driver
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger
Address	1709 Alice Anna St.
Remarks	

1 8 9 3 0 0 0 0 1 6 6

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

A-45-126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Jan 29th 93,
4. Place of Birth, (Street and Number) 1616 Watkins St,
5. Full Name of Mother, Jennie C. Hunt
6. Mother's Maiden Name, Jennie C. Anderson
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William J. Hunt.
9. Father's Occupation, Cook.
10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other person who makes this Return, Chas. J. C. Frazier, M.D.

Address, 662 W. Lexington St.

Remarks,

8930000167

~~Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the attending physician or midwife, in every case of birth occurring in the City of Baltimore, to deliver to the parent or parents of the child, or to the householder in which the birth occurs, a blank schedule, to be furnished by the Commissioner of Health, for the purpose of registering the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable~~

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 January
4. *Place of Birth, (Street and Number)* 2030 South Charles St
5. *Full Name of Mother,* Lora Schneider
6. *Mother's Maiden Name,* Lora Hamer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George H Schneider
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Hendenhall St

Remarks,

1893 0000168

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

H5238.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (state whether ~~male or~~ female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 1. st January 1893

4. Place of Birth, (Street and Number) 145 Light St.

5. Full Name of Mother, Margaretha Dippelmann

6. Mother's Maiden Name, Margaretha Klingler

7. Mother's Birthplace, Germany

8. Full Name of Father, Karl Dippelmann

9. Father's Occupation Cabinetmaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Wunsch

Address, 506 Lodenhall St

Remarks,

8930000169

Wm. J. C. Dulany Co., City Printers and Stationers

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

a-45238

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 1 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, January 2/93

4. Place of Birth, (Street and Number) No 661 Haven Street W/ of Penn

5. Full Name of Mother, Louise Kabernagel

6. Mother's Maiden Name, " Alves

7. Mother's Birthplace, Germany

8. Full Name of Father, Ernst Kabernagel

9. Father's Occupation, manf of Cigars

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, J Kuhlicke M.D.

Address, 800 Ladenhall St

Remarks,

8930000170

Wm. J. C. Dulany Co., Printers and Stationers

Every Coroner, in his act, duly, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

a-45238 B

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th of January 93
4. *Place of Birth, (Street and Number)*	621 Germany St.
5. *Full Name of Mother,*	Sabrah Fränkel
6. *Mother's Maiden Name,*	Sarah Weinikes
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Jacob Fränkel
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Kaules Midwife
Address,	2116 West Pratt
Remarks,	

1893

8930000171

Wm. J. C. Dulany & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 4th 1893
4. Place of Birth, (Street and Number) 305 S. Monroe St.
5. Full Name of Mother, Carrie Shagogue
6. Mother's Maiden Name, Conner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick H. Shagogue
9. Father's Occupation, Clerk.
10. Father's Birthplace, Illinois.

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

8 9 3 0 0 0 0 1 7 2

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	two mails 5. 6 ter
1. Sex, (state whether male or female)	Mails
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	5th of January 42
4. Place of Birth, (Street and Number)	2024 Mary Anna St
5. Full Name of Mother,	Wilhelmina Field
6. Mother's Maiden Name,	Wilhelmina Cass
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Conrad Field
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	216 West Pratt
Remarks,	

8 9 3 0 0 0 0 1 7 3

1893

Sex, Color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 4524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5th of January 93
4. *Place of Birth, (Street and Number)*	309 Schmallwood Av
5. *Full Name of Mother,*	Sarah Bunette
6. *Mother's Maiden Name,*	Sarah Hoehn
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Alexander Bunette
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Hauke Midwife
Address,	2116 West Pratt
Remarks,	

8930000174

1893

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

145-297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 1893

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* W
4. *Date of Birth,* Jan 5th 1893
5. *Place of Birth, (Street and Number)* 9 E. Randall St
6. *Full Name of Mother,* Annie Fox
7. *Mother's Maiden Name,* Schmidt
8. *Mother's Birthplace,* Baltimore
9. *Father's Occupation* John Fox
10. *Father's Birthplace,* Can Maker
    Name of Medical Attendant, or other person who makes this Return, Baltimore
    Address, Mrs Minchy
    Remarks, Cor Lexadenhall & Montgomery Sts

8930000175

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Child born within the City of Baltimore, whether white or colored, male or female, legitimate or illegitimate, shall be registered, and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45743.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child,

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 6th 1893.
4. Place of Birth, (Street and Number) 128 N. Camden St.
5. Full Name of Mother, Elizabeth Hamm.
6. Mother's Maiden Name, " Rossel.
7. Mother's Birthplace, Europe.
8. Full Name of Father, Henry Hamm.
9. Father's Occupation, Liquors
10. Father's Birthplace, Europe.

Name of Medical Attendant, or other person who makes this Return. R. J. H. Tall. M.D.

Address, 524 Sharp St.

Remarks,

0 9 3 0 0 0 0 1 7 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. 1893

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 152 3/4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	female
2. Color, (if not of the white race)	White
3. Date of Birth.	6th of January 93.
4. Place of Birth, (Street and Number)	1525 E. Lombard.
5. Full Name of Mother,	Teodora Fein
6. Mother's Maiden Name.	Teodora Holzwarth
7. Mother's Birthplace.	Pole
8. Full Name of Father.	Isack Fein
9. Father's Occupation	Storekeeper
10. Father's Birthplace.	Pole
Name of Medical Attendant, or other person who makes this Return.	Friederike Kraus Midwife
Address.	2116 West Pratt
Remarks.	

8930000177

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 6th
4. *Place of Birth, (Street and Number)*	Baltimore 12. 18 Holbrook St
5. *Full Name of Mother,*	Catherine E Hagerty
6. *Mother's Maiden Name,*	Catherine E [illegible] Bahre
7. *Mother's Birthplace,*	Irpa Balto. Co
8. *Full Name of Father,*	James J. Hagerty
9. *Father's Occupation*	Iron Moulder
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Dr Jordan
Address,	183 Lanvale St.
Remarks,	

8 9 3 0 0 0 0 1 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

months, she shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 ter
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th of January 93
4. *Place of Birth, (Street and Number)*	415 Lilimallow ed St
5. *Full Name of Mother,*	Maria Brauer
6. *Mother's Maiden Name,*	Maria Mauerer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Julius Brauer
9. *Father's Occupation,*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	216 West Pratt St.
Remarks,	

1893 0000179

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Edward R. Knight

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th 1893
4. Place of Birth, (Street and Number) 715 N. Calmer St.
5. Full Name of Mother, Hannah E. (Ella) Knight
6. Mother's Maiden Name, Bateman
7. Mother's Birthplace, Md
8. Full Name of Father, Edward (Edward) Knight
9. Father's Occupation Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this return, Mitchell Md

Address, 1800 N. Bacon St.

Remarks.

1893 0000180

1893

Every birth occurring in this city shall be reported to the Commissioner of Health, within ten days after such birth, by the attending physician or midwife, and in default thereof by the householder, or owner of the premises where such birth occurred; such report shall state the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 452061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 8 January
4. Place of Birth, (Street and Number) 708 N. Chester St.
5. Full Name of Mother, Lora Stacel
6. Mother's Maiden Name, Steinberg
7. Mother's Birthplace, Germany
8. Full Name of Father, F. Stacel
9. Father's Occupation " baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Kate Wenzel

Address, 806 Leadenhall St

Remarks,

8930000181

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the particulars required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 46747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, [illegible], &c.)

1. Sex, (state whether [illegible] or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 8 January 8 1893
4. Place of Birth, (Street and Number) [illegible] 1314 S. Sharp st
5. Full Name of Mother, anna Schaab
6. Mother's Maiden Name, anna zerr
7. Mother's Birthplace, georgetown del
8. Full Name of Father, August Schaab
9. Father's Occupation, Solderplated gas co
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Katie Minnal

Address, 506 Randall st

Remarks,

8930000182

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

45748.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 1 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th female 9th male 9th & 9th
1. *Sex, (state whether male or female)*	female male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th of January 93
4. *Place of Birth, (Street and Number)*	2127 Eaheden Road
5. *Full Name of Mother,*	Magdalena Wehrle
6. *Mother's Maiden Name,*	Magdalena Zimiser
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Wehrle
9. *Father's Occupation*	Brauereister in Homerfields
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Hauler Midwife
Address,	216 West Pratt St.
Remarks,	

8 9 3 0 0 0 0 1 8 3

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately after the birth, it shall become and will be the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 40749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Tuesday January 10, 1893
4. Place of Birth, (Street and Number) 39 East Montgomery St.
5. Full Name of Mother, Frances Agnes Ryan
6. Mother's Maiden Name, Frances Agnes Albrecht
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John F. Ryan
9. Father's Occupation Printer
10. Father's Birthplace, Wilmington Delaware

Name of Medical Attendant, or other person who makes this Return, Kate Manual

Address, 502 Lanvale Street

Remarks,

8930000184

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45WD.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11th of January 99.
4. *Place of Birth, (Street and Number)*	323 Payson St.
5. *Full Name of Mother,*	Maria Wells
6. *Mother's Maiden Name,*	Maria Bauer
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Wells
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 West Pratt
Remarks,	

8930000185

been entered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report its birth to the Commissioner, or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 40257.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 12 1893
4. *Place of Birth, (Street and Number)* 643 Mc Henry St.
5. *Full Name of Mother,* Jennie Acres
6. *Mother's Maiden Name,* Jennie Browning
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Dan'l Acres.
9. *Father's Occupation* Boilermaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. R. Caskey

Address, 213 E. Hatch St.

Remarks, Doing Well

8 9 3 0 0 0 9 0 1 8 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 12 1893
4. *Place of Birth, (Street and Number)*	11 James Alley
5. *Full Name of Mother,*	Carrie Kelley
6. *Mother's Maiden Name,*	Carrie Taylor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Will Kelley
9. *Father's Occupation*	Boiler Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	N. R. Caskey
Address,	213 E. Monument St
Remarks,	Dring Well Baltimore

18930000187

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. #5252½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 =
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	12th of January 93
4. Place of Birth, (Street and Number)	304 Payson St.
5. Full Name of Mother,	Maria Gintgraf
6. Mother's Maiden Name,	Maria Wiehl
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Louis Gintgraf
9. Father's Occupation	Bäcker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keules Midwife
Address,	246 West Fayette St.
Remarks,	

+ 8 9 3 0 0 0 0 1 8 8

been conferred) the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 40363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Balto Jan 13. 1893
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Colard
3. Date of Birth,	Baltamore Md
4. Place of Birth, (Street and Number)	530 Lambert st
5. Full Name of Mother,	Emma J Grass
6. Mother's Maiden Name,	Emma J Rideaut
7. Mother's Birthplace,	Elliotts City Md
8. Full Name of Father,	William St Grass
9. Father's Occupation,	Driver
10. Father's Birthplace,	Baltamre Md
Name of Medical Attendant, or other Person who makes this Return.	Mary J Powell
Address,	565 [illegible] St
Remarks,	

1893

1 8 9 3 0 0 0 0 0 1 8 9

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 45254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 1 1893

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ____
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* Whit
4. *Date of Birth,* Jan 13
5. *Place of Birth, (Street and Number)* 405 E Hamburgh st
6. *Full Name of Mother,* Louisa Haley
7. *Mother's Maiden Name,* Louisa Wessel
8. *Mother's Birthplace,* Balto City
9. *Full Name of Father,* Michael Haley
10. *Father's Occupation* Police officer
11. *Father's Birthplace,* Balto City
12. *Name of Medical Attendant, or other person who makes this Return,* Katie Mench
13. *Address,* 506 Lexington st
14. *Remarks,* ____

8930000190

been concerned, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the same, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 1893

Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th of January 93
4. *Place of Birth, (Street and Number)*	1346 Mc Henry
5. *Full Name of Mother,*	Ana Häusler
6. *Mother's Maiden Name,*	Ana Schüster
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Paul Häusler
9. *Father's Occupation*	Bäcker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Hauler Midwife
Address,	2116 West Pratt.
Remarks,	

8930000191

Wm. J. C. Dulany Co., City Printers and Stationers

been collected, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth person he in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6te
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	15th January 93
4. Place of Birth, (Street and Number)	214 Ramsey St.
5. Full Name of Mother,	Bertha Dietrich
6. Mother's Maiden Name,	Bertha Bodenschatz
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Dietrich
9. Father's Occupation	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return	Friederike Kreuter midwife
Address,	216 West Pratt.
Remarks,	

8930000192

Wm. J. C. Dulany Co., City Printers and Stationers

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That hereafter it shall be the duty of the physician or practitioner in attendance upon any case of birth, or in case there be no physician or practitioner in attendance, then of the midwife or nurse, or of the father, mother, householder or other person having knowledge of the facts, to ascertain, as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, only to the office of the Commissioner of Health, or shall, no other person be in third day of each and every month to a physician or practitioner of midwifery, or shall the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or shall the period above required, and attendance upon the mother, immediately of Health, in the manner and within the period above required, and child to report its birth to the Commissioner fail to comply with the provisions of this section shall be and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A. 45987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 15th 1893

4. Place of Birth, (Street and Number) 1513 Race Street, East

5. Full Name of Mother, Lena Clark

6. Mother's Maiden Name, Kachalow

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Francis Joseph Clark

9. Father's Occupation Brakeman on P & B

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Wenzell

Address, Dr. Lauderbaugh

Remarks,

8930000193

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45758.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, January 16 - 1898.
4. Place of Birth, (Street and Number) 525 Sharp St.
5. Full Name of Mother, Zetta Levinstein
6. Mother's Maiden Name, " Kleine.
7. Mother's Birthplace, Europe.
8. Full Name of Father, Isreal Levinstein
9. Father's Occupation, Notions. (Wholes.)
10. Father's Birthplace, Europe.

Name of Medical Attendant, or other person who makes this Return. R. J. N. Talbot M.D.

Address, 524 Sharp St.

Remarks,

0 9 3 0 0 0 0 1 9 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 17th 1893
4. Place of Birth, (Street and Number) 21 S Arlington Ave.
5. Full Name of Mother, Johanna Louisa Renner
6. Mother's Maiden Name, Dulaney
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Edwin Renner
9. Father's Occupation, Painter
10. Father's Birthplace, Frederick Md.

Name of Medical Attendant, or other person who makes this Return. H. H. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor.

8930000195

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 11 1893
4. *Place of Birth, (Street and Number)*	1810 Byrd St
5. *Full Name of Mother,*	Lena Slinchak
6. *Mother's Maiden Name,*	Lena Hute
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jorge Slinchak
9. *Father's Occupation*	Stevedor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	M. R. Cashell
Address,	213 E. Heath St
Remarks,	Dang Hall

8 9 3 0 0 0 0 1 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

45 2nd

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 18, 1893
4. Place of Birth, (Street and Number) 1127 Johnson St.
5. Full Name of Mother, Martha Insley
6. Mother's Maiden Name, Martha Briscoe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Insley
9. Father's Occupation Waterman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. R. Caskey

Address, 213 E. Heath St

Remarks, Doing Well

8 9 3 0 0 0 0 1 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 19 day of January

4. Place of Birth, (Street and Number) 534 S. Eutaw st Baltimore.

5. Full Name of Mother, Mrs Rosa Wildman

6. Mother's Maiden Name, Mrs Rosa Vogel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry J. Wildman

9. Father's Occupation, Tobacco

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Kalis Minch

Address, 8 Hendenhall St

Remarks,

893000198

been conferred; its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

1432 63.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 20, 1893.
4. Place of Birth, (Street and Number) 1003 Hillman St. Balto.
5. Full Name of Mother, Sarah Jane Monaghan.
6. Mother's Maiden Name, Sarah Jane Sowdale.
7. Mother's Birthplace, England
8. Full Name of Father, John Monaghan
9. Father's Occupation Track Foreman.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return, Mrs. Wooden

Address, 883 Greenmount Ave. Balto.

Remarks,

8930000199

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 145-264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 21, 1893
4. *Place of Birth, (Street and Number)*	1729 Oliver St
5. *Full Name of Mother,*	Elizabeth Wagner
6. *Mother's Maiden Name,*	Elizabeth Brown
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Wagner
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Caskey
Address,	213 E. Heath St.
Remarks,	Doing Well

8 9 3 0 0 0 0 0 2 0 0

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 45-26.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 21, 1893
4. *Place of Birth, (Street and Number)*	1310 Charles St.
5. *Full Name of Mother,*	Alis Mitchel
6. *Mother's Maiden Name,*	Alis Theiler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Mitchel
9. *Father's Occupation*	Fish dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. R. Caskey
Address,	213 E. Heath St
Remarks,	Doing Well

6 9 3 0 0 0 0 2 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

No. 145266.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 21st 93

4. *Place of Birth, (Street and Number)* 216 Greenmount Ave.

5. *Full Name of Mother,* Mary Butler

6. *Mother's Maiden Name,* Mary Shields

7. *Mother's Birthplace,* Baltimore Co. Md.

8. *Full Name of Father,* Eugene Butler

9. *Father's Occupation* Brass Finisher

10. *Father's Birthplace,* Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Hooden

Address, 883 Greenmount Ave

Remarks,

1893 0000202

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-21-56

RETURN OF A BIRTH. A 45266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie May Stetzer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21st January 93
4. *Place of Birth, (Street and Number)*	152 N. Mount St.
5. *Full Name of Mother,*	Estela Pleger
6. *Mother's Maiden Name,*	Estela Heahn
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Eldridge Pleger
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Hauber Midwife
Address,	216 West Pratt
Remarks,	

1893

8930000203

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

45267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 of January 1893
4. Place of Birth, (Street and Number) 2614 Boyle St
5. Full Name of Mother, Mrs Lizzie Edward
6. Mother's Maiden Name, Lizzie Kasford
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Edward
9. Father's Occupation, Hoer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bryant

Address, 1037 N Chapel St

Remarks,

6 9 3 0 0 0 0 2 0 4

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

45-268.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert George Schuster

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
Sex, (state whether male or female)	male
2. *Race or Color, (if not of the white race)*	color white
3. *Date of Birth,*	22 day of January, 1893
4. *Place of Birth, (Street and Number)*	Baltimore No 1217 Riverside
5. *Full Name of Mother,*	Annie M Schuster
6. *Mother's Maiden Name,*	Annie M Knorr
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Joseph R Schuster
9. *Father's Occupation*	Police Officer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Katie Mitchell
Address,	201 Leadenhall St
Remarks,	GIVEN NAME ADDED. 4-2-52

1893000205

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 47687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) color white

3. Date of Birth, 22 January

4. Place of Birth, (Street and Number) Baltimore Md 1377 Riverside ave

5. Full Name of Mother, Annie M Schuster

6. Mother's Maiden Name, Annie M Knöer

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Joseph R Schuster

9. Father's Occupation Police officer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Katie Mayer

Address, 504 Leadenhall St

Remarks,

8930000206

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1457 69

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 23/93
4. *Place of Birth, (Street and Number)*	219 S Sharp st
5. *Full Name of Mother,*	Mrs Annie Louise Adolph
6. *Mother's Maiden Name,*	Mrs Annie Louise Kuhn
7. *Mother's Birthplace,*	Richmond Va
8. *Full Name of Father,*	William G. Adolph
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Münch
Address,	Leadenhall & Wyoming
Remarks,	

8930000207

Wm. J. C. Dulany Co., City Printers and Stationers

Every child born within the limits of Baltimore City shall have a name given it within ten days after birth, and the name so given shall be entered in the record of such child; and any person who shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

H. H. 1900 45790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).	5th 6
1. *Sex, (state whether male or female).*	(twins) Male & Female
2. *Race or Color, (if not of the white race).*	White
3. *Date of Birth.*	Jan. 23 1893
4. *Place of Birth, (Street and Number).*	2114 N. Fayette St.
5. *Full Name of Mother.*	Annie C. Bruyman
6. *Mother's Maiden Name.*	Gladney
7. *Mother's Birthplace.*	Balto.
8. *Full Name of Father.*	Jno. A. Bruyman
9. *Father's Occupation.*	Bookkeeper
10. *Father's Birthplace.*	Balto.
Name of Medical Attendant, or other person who makes this Return.	M. H. Carter M.D.
Address.	1800 N. Patterson Pk.
Remarks.	

1893000208

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 24
4. Place of Birth, (Street and Number) 1204 Holbrook st
5. Full Name of Mother, Mary E. O'Brien
6. Mother's Maiden Name, Mary E. Hopper
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, J. Jas. O'Brien
9. Father's Occupation, Laber
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, Mrs. Cornelius Wooden

Address, 883 Greenmount Ave.

Remarks,

8930000209

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 24 1893.
4. *Place of Birth, (Street and Number)*	1032 Hanover st
5. *Full Name of Mother,*	Agnes Viehemeyer
6. *Mother's Maiden Name,*	Kesler
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Charles Viehemeyer
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	J Labrasse Midwife
Address,	1032 Hanover st
Remarks,	

1893 0000210

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

45773.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 24, 1893
4. *Place of Birth, (Street and Number)*	Hill St
5. *Full Name of Mother,*	Hannah Dixon
6. *Mother's Maiden Name,*	Hannah Smith
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	George Dixon
9. *Father's Occupation*	Waterman ~~Eston Md.~~
10. *Father's Birthplace,*	Eston Md.
Name of Medical Attendant, or other person who makes this Return.	M. R. Caskey
Address,	213 E. Heath St.
Remarks,	Doing Well

8 9 3 0 0 0 0 0 2 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45774.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered like other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3te
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th 1/2 January 92.
4. *Place of Birth, (Street and Number)*	202. Woodyear St.
5. *Full Name of Mother,*	Mina Wolf
6. *Mother's Maiden Name,*	Mina Hirschfeld
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Georg Wolf
9. *Father's Occupation*	Laber.
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	216 West Pratt
Remarks,	

1893 00000212

Wm. J. C. Dulany Co., City Printers and Stationers.

A-4577

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 26th January
4. *Place of Birth, (Street and Number)*	1893
5. *Full Name of Mother,*	911 E. Eager St.
6. *Mother's Maiden Name,*	Henrietta Stadelmeier.
7. *Mother's Birthplace,*	Henrietta Holtz
8. *Full Name of Father,*	Baltimore
9. *Father's Occupation*	John B. Stadelmeier.
10. *Father's Birthplace.*	Clerk Sp. Ct.
Name of Medical Attendant, or other person who makes this Return,	Virginia
Address.	Mrs Christina Lauer.
Remarks.	1159 Harford Av.
	Baltimore Co.
	Colored

8930000213

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4576.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7th

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 26th
4. Place of Birth, (Street and Number) 1921 Wilkins ave
5. Full Name of Mother, Annie M Parris
6. Mother's Maiden Name, " Rinehart
7. Mother's Birthplace, Virginia Md
8. Full Name of Father, John H Parris
9. Father's Occupation, Engineer B&O. R.R.
10. Father's Birthplace, Italy. Md
- Name of Medical Attendant, or other person who makes this Return. Herman Klein
- Address, 1401 N Fayette
- Remarks,

8930000214

...ch child of any mother shall have been conferred) its sex, color, the day, month, and year of its birth, and the full name and occupation of its parents, the date and place of their marriage, the first and last residence of the parents, the full name and occupation of the physician or practitioner in the form of a certificate before the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the particulars as other persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

FORM 18

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 28 [illegible]

4. Place of Birth, (Street and Number) 175 Hamburg St.

5. Full Name of Mother, Annie Riegel

6. Mother's Maiden Name, Annie Fischer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Riegel

9. Father's Occupation Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Louis Hirsch

Address, Leadenhall St

Remarks,

8930000215

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 45778.

GIVEN NAME ADDED 10-31-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catherine ~~Georgia~~ Elisabeth Schneider

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 28 then January, 1893

4. Place of Birth, (Street and Number) 1 West Barney St.

5. Full Name of Mother, Katharina Elisabetha Schneider

6. Mother's Maiden Name, " " Aleach

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Schneider

9. Father's Occupation Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Lulie Stinnett

Address, 80 Lauderdale St

Remarks,

8930000216

Wm. J. C. Dulany Co., City Printers and Stationers

Health. [illegible] a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1933

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Wh
3. *Date of Birth,*	January 28 32
4. *Place of Birth, (Street and Number)*	616 N Bentalou St
5. *Full Name of Mother,*	Lena [illegible] Berkowitz
6. *Mother's Maiden Name,*	Lena Rosenbrenner
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Arthur [illegible] Berkowitz
9. *Father's Occupation*	Agent
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	[illegible] Sastrow Medrope
Address,	616 N Bentalou
Remarks,	

8 9 3 0 0 0 0 2 1 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

45780.

GIVEN NAME ADDED 8-7-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward ~~Oscar~~ Doeplitz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 28th 1893,
4. Place of Birth, (Street and Number) 1206 W. Fayette St.
5. Full Name of Mother, Rebecca Doeplitz.
6. Mother's Maiden Name, " Herstein
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Henry Doeplitz.
9. Father's Occupation, Salesman,
10. Father's Birthplace, Balto. City, Md.

Name of Medical Attendant, or other person who makes this Return. R. J. N. Tall. M.D.

Address, 5-24 S Sharp St

Remarks,

1893000218

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. TULLY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1895

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 2 1895
4. Place of Birth, (Street and Number) 1510 Druid H
5. Full Name of Mother, Emma Körnke
6. Mother's Maiden Name, Emma Kaske
7. Mother's Birthplace, Baden Germ
8. Full Name of Father, Theodor Körnke
9. Father's Occupation Grocer Mer
10. Father's Birthplace, Baden Germ

Name of Medical Attendant, or other person who makes this Return, Aloisia Sutro

Address, 1011 Eutaw st

Remarks,

8930000219

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH A 48787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (~~State whether~~ male ~~or female~~)	
2. Race or color, (~~If not~~ of the white race)	
3. Date of Birth,	Jan 28 th. 1893
4. Place of Birth, (Street and Number)	831 N Fremont St
5. Full Name of Mother,	Carrie Ida Bryant
6. Mother's Maiden Name,	Christie
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Geo A Bryant
9. Father's Occupation,	Grocery Merchant
10. Father's Birthplace,	Washington D.C.
Name of Medical Attendant, or other person who makes this Return.	Elias L. Price M.D.
Address,	933 Madison Ave
Remarks,	18930000220

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or the parent or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period of time above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

10-92

THE J. S. GUILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

45788

GIVEN NAME ADDED 1-14-53

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Norma Irene Hatfield

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth Saturday June 28 1913

4. Place of Birth, (Street and Number) Balto. Md. 143 Lynnwood Ave

5. Full Name of Mother Eva Nevile Hatfield

6. Mother's Maiden Name " " Keirney

7. Mother's Birthplace Balto. Md.

8. Full Name of Father Edward Edwin Hatfield

9. Father's Occupation Sales

10. Father's Birthplace Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Howard

Address

Remarks

8930000221

F. 1—88

...the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29th January 93.

4. Place of Birth, (Street and Number) 33 Forest St.

5. Full Name of Mother, Augusta Waide

6. Mother's Maiden Name, Augusta Bose

7. Mother's Birthplace, Balto

8. Full Name of Father, John Waide

9. Father's Occupation Butcher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Kuehn Midwife

Address, 216 West Pratt

Remarks,

8 9 3 0 0 0 0 2 2 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

45281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 93

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jany 29th 1893 7 30 P.M.
4. Place of Birth, (Street and Number)	No 720 Lemmon St
5. Full Name of Mother,	Mary Christopher
6. Mother's Maiden Name,	Mary Feeney
7. Mother's Birthplace,	Martinsburg W. Va
8. Full Name of Father,	Alex. Christopher
9. Father's Occupation,	Mercantile Trade (Blacksmith)
10. Father's Birthplace,	Baltimore, Md
Name of Medical Attendant, or other Person who makes this Return.	A H Sutton M D
Address,	1136 W Lex St.
Remarks,	

1 8 9 3 0 0 0 0 2 2 3

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 45286.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 29 1893
4. Place of Birth, (Street and Number) 220 Gorsuch Avenue
5. Full Name of Mother, Lizzie Schlissler
6. Mother's Maiden Name, Binder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Schlissler
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. Young Whitbeck, M.D.

Address, 237 Gorsuch Avenue City

Remarks,

1893000224

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 30. January 93
4. Place of Birth, (Street and Number) James Alley 1010
5. Full Name of Mother, Katharine Hazel Horn
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Hugo Holzel
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Minnet

Address, Eastern Ave & Broadway

Remarks,

8930000225

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A. 45788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 & 6 Child
1. *Sex, (state whether male or female)*	Twins Males
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 30 1893
4. *Place of Birth, (Street and Number)*	1512 Clarkson st
5. *Full Name of Mother,*	Katie Sander
6. *Mother's Maiden Name,*	Gerlach
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Sander
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	J. Lohmasser Midwife
Address,	1032 Hanover st
Remarks,	

8930000226

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

45 3/89

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father,
9. Father's Occupation Sugar Refiner
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs Bangle

Address, 711 Gorsuch St.

Remarks,

8930000227

Wm. J. C. Dulany Co., City Printers and Stationers

45 [illegible] 90

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 30 1893
4. *Place of Birth, (Street and Number)*	630 Lee St
5. *Full Name of Mother,*	Amalie Floral
6. *Mother's Maiden Name,*	Schober
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jos Floral
9. *Father's Occupation*	Brewery
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser Midwife
Address,	1032 Hanover St
Remarks,	

8930000228

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 4th 1893
4. *Place of Birth, (Street and Number)*	Eagle st No 15 11
5. *Full Name of Mother,*	Francis M Smith
6. *Mother's Maiden Name,*	Francis M Moslett
7. *Mother's Birthplace,*	Camden new Jersey
8. *Full Name of Father,*	John S Smith
9. *Father's Occupation*	Brass engraver
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 1121 Whitmore ave
Remarks,	

1893000229

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1/6797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st?

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 1st 1893
4. Place of Birth, (Street and Number) 622 N. Lombard st.
5. Full Name of Mother, Ida Pruitt.
6. Mother's Maiden Name, Ida Pruitt
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.

Address, 622 N. Lombard St.

Remarks,

1893000230

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45793.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girls
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 1st. 93.
4. Place of Birth, (Street and Number) 115 S. Amity str.
5. Full Name of Mother, Gertrude Lake
6. Mother's Maiden Name, " Bollinger
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Lake
9. Father's Occupation Conductor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1806 Eastern Ave.

Remarks.

8930000231

Every physician or midwife in attendance upon a birth shall, within ten days thereafter, report to the Commissioner of Health the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 45794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. 1 day of January 1899
4. Place of Birth, (Street and Number) 1447 Richardson St Locust Point
5. Full Name of Mother. Magareth Williams
6. Mother's Maiden Name. Magareth Davice
7. Mother's Birthplace. Llanelly Wales
8. Full Name of Father. Thomas Williams
9. Father's Occupation. Engineer
10. Father's Birthplace, Llanelly Walls

Name of Medical Attendant, or other person who makes this Return. Lina Miller

Address, 1402 Towson St Locust Point

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

8 9 3 0 0 0 0 2 3 2

Certificate Corrected 8-27-49

RETURN OF A BIRTH.

1157 95.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy WILHELM FRIEDRICH MALDEIS
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 1st. 93.
4. Place of Birth, (Street and Number) 521. S. Castle sts.
5. Full Name of Mother, Emilie Maldeis
6. Mother's Maiden Name, " Ahrens
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. B. Maldeis
9. Father's Occupation Harnessmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1806 Eastern Ave.

Remarks,

8930000233

been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 45796.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 4th 1893
4. *Place of Birth, (Street and Number)*	Payson st No 431
5. *Full Name of Mother,*	Lendal Dixon
6. *Mother's Maiden Name,*	Lendal Palmer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Samuel I Dixon
9. *Father's Occupation*	Shade cutter
10. *Father's Birthplace,*	Washington
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	No 1921 Baltimore
Remarks,	

8930000234

Wm. J. C. Dulany Co., City Printers and Stationers.

...name can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

145297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 1st 1893
4. Place of Birth, (Street and Number) 622 N. Lombard st
5. Full Name of Mother, Dora Burke
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M. D.

Address, 622 N. Lombard st.

Remarks,

18930000235

The Sanitary Code requires that the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 15298.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 2d. 98.
4. Place of Birth, (Street and Number) 533 N. Castle str.
5. Full Name of Mother, Katharina Hoerner
6. Mother's Maiden Name, Volz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Hoerner
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Heisenhofer

Address, 1116 Eastern Ave.

Remarks,

6 4 3 0 0 0 0 2 3 6

Every physician or midwife in attendance upon any case of birth shall report to the Commissioner of Health the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should be the duty of the person or parents of such attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 45299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 2nd 93
4. Place of Birth, (Street and Number) 1633 S. Joseph St
5. Full Name of Mother, Margaret E. Glasgow
6. Mother's Maiden Name, " " Douglass
7. Mother's Birthplace, Balto
8. Full Name of Father, George Glasgow
9. Father's Occupation Bricklayer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Ward

Address,

Remarks,

8 9 3 0 0 0 0 2 3 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 15300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 3rd 1893
4. Place of Birth, (Street and Number) 622 N. Lombard st.
5. Full Name of Mother, Annie Kimball
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.

Address, 622 N. Lombard st.

Remarks,

18930000238

Wm. J. C. Dulany Co., City Printers and Stationers

Every child born within the limits of Baltimore City, whether white or colored; its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of each child, if any shall have been born previously to the same mother, shall be reported to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 45301.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 4th 1893
4. Place of Birth, (Street and Number) Mount St. No 2001
5. Full Name of Mother, Elizabeth McShanahan
6. Mother's Maiden Name, Elizabeth McMoyladan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J Shanahan
9. Father's Occupation Horse Shoer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Herr J Dalby

Address, 1793 Wilkins Ave

Remarks,

8930000239

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 45307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Jan. 3rd, 1893.
4. Place of Birth, (Street and Number) 229 Vincent st.
5. Full Name of Mother, Hattie Evans
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, C. M. Lawson M.D.

Address, 622 N. Lombard st.

Remarks,

18930000240

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45303.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 3, 1923.
4. Place of Birth, (Street and Number) No. 1607 Fairmount St.
5. Full Name of Mother, Emma Thurman
6. Mother's Maiden Name, Emma Green.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, John D. Thurman
9. Father's Occupation Mechanic
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Elwell M.D.

Address, 1741 Hanford Ave

Remarks,

+ 8930000241

Wm. J. C. Dulany Co., City Printers and Stationers

The sex, color, the full name and occupation of its parents, the date and place of birth; and the name of each child, if any shall have been delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 11304

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 4 1893
4. *Place of Birth, (Street and Number)* Corner of Pratt & Eutaw
5. *Full Name of Mother,* Emma J Martin
6. *Mother's Maiden Name,* Emma J Simpson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bernard J Martin
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss S Reilly

Address, 1917 W Baltimore

Remarks,

8930000242

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

11 5 305.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 5th 1893
4. Place of Birth, (Street and Number) 1110 Myrtle Ave.
5. Full Name of Mother, Sophia A. Fitzberger
6. Mother's Maiden Name, " Robinson
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thos. F. Fitzberger
9. Father's Occupation, Metal Worker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Theodore Cook M.D.

Address, 914 St. Paul St.

Remarks, Baltimore Md.

8930000243

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

It shall be the duty of the parent or parents of every child born in this City, or in case the parents are dead, or absent from the City, or unable from sickness to perform the duty, then of the nearest relative present at the birth, or of the person in charge of the house where the birth occurs, or of the midwife in attendance, to report to the Commissioner of Health, within ten days after the birth, the name of the child, if it has been christened; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

1/5306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 5th 1893
4. Place of Birth, (Street and Number) 1008 Boyd st.
5. Full Name of Mother, Hanna Chambers
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.

Address, 622 N. Lombard st.

Remarks,

1893 0000244

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 1/5 307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5th January 1898
4. *Place of Birth, (Street and Number)* 15 S 12 Eagle St
5. *Full Name of Mother,* Mary Ann Lorenzen
6. *Mother's Maiden Name,* Bell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lili Lorenzen
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* A. A. Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 436 E Fort Ave

Remarks,

8 9 3 0 0 0 0 2 4 5

Wm. J. C. Dulany Co. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 15308.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) [illegible]

3. Date of Birth, June 5 - 93

4. Place of Birth, (Street and Number) 1515 N Washington

5. Full Name of Mother, Ella F. Reever Gibson

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Md

8. Full Name of Father, George L. Reever

9. Father's Occupation Policeman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwood

Address, 902 McDonough St

Remarks,

8 9 3 0 0 0 0 2 4 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1893

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

named Child John Henry Lee Haynes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 6 1893

4. Place of Birth, (Street and Number) 15-13 Howard St

5. Full Name of Mother, Miriam C. Haynes

6. Mother's Maiden Name, Shipley

7. Mother's Birthplace, Carroll Co Md

8. Full Name of Father, W J Lee Haynes

9. Father's Occupation, Grocer

10. Father's Birthplace, Westminster Md.

Name of Medical Attendant, or other person who makes this Return, J. L. Christian M.D.

Address,

Remarks,

1893 0000247

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or Health. In case the birth of any such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 115310.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 8/93
4. Place of Birth, (Street and Number) 761 W. Franklin St.
5. Full Name of Mother, Adelaide Burch.
6. Mother's Maiden Name, Lopez
7. Mother's Birthplace, Madrid Spain
8. Full Name of Father, Thos. A. Burch
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. N. Christhilf M.D.

Address,

Remarks,

1893000248

The same can be ascertained the full name of each child, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 1311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 6th 1893
4. *Place of Birth, (Street and Number)* 210 Jasper st.
5. *Full Name of Mother,* Florence Bell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.

Address, 622 N. Lombard st.

Remarks,

18930000249

Wm. J. C. Dulany Co., City Printers and Stationers

A-14317

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, (Jan. 6th) 1893.

4. Place of Birth, (Street and Number) 12 Arch St

5. Full Name of Mother, Alvina Alsup.

6. Mother's Maiden Name,

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return J. N. Lawson M.D.

Address, 622 W. Lombard st.

Remarks,

1893000250

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 14313.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2d "

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored.
3. Date of Birth, Jan. 6th 1893.
4. Place of Birth, (Street and Number) 1146 Cleveland St.
5. Full Name of Mother, Mary Leal.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L L Eley M. D.

Address, 622 N. Loudon St.

Remarks,

8930000251

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DILLARY & CO., CITY PRINTERS AND STATIONERS.

45314.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Jan. 7th 1893
4. Place of Birth, (Street and Number) 622 N. Lombard st.
5. Full Name of Mother, Mary Powell
6. Mother's Maiden Name.
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. M. Lawson M.D.

Address, 622 N. Lombard st.

Remarks,

8930000252

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DILLAHY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 45315.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 8th
4. Place of Birth, (Street and Number) 520 Addison St.
5. Full Name of Mother, Annie Missouria Barnet
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L L Eley M D

Address, 622 N. Lombard St.

Remarks,

1893000253

Every person who shall be present at the birth of any child, and every householder in whose house any child shall be born, shall, within ten days after the birth of such child, report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45316.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 7/93

4. Place of Birth, (Street and Number) 738 McCulloh St

5. Full Name of Mother, Edith Buckner

6. Mother's Maiden Name, Shields

7. Mother's Birthplace, Michigan

8. Full Name of Father, Albert Sidney Buckner

9. Father's Occupation Farming Age 40

10. Father's Birthplace, Tennessee

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address,

Remarks,

1893 0000254

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 45317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 7 1893
4. Place of Birth, (Street and Number) No 1602 Biddle St
5. Full Name of Mother, Bertha A Heiser
6. Mother's Maiden Name, Bertha A Wood.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John H Heiser
9. Father's Occupation Wine Maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1893 0 0 0 0 2 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 4538.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether ~~male~~ or female)*	
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan 8th 1893
4.	*Place of Birth, (Street and Number)*	1611 E Fountain St
5.	*Full Name of Mother,*	Katie Purcell
6.	*Mother's Maiden Name,*	Engle
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Lee Purcell
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Chas E Hadlett MD
	Address,	2100 Druid Hill Ave
	Remarks,	

1893000002566

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 4319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January the 8 1893
4. *Place of Birth, (Street and Number)*	Maryland st N° 20 E
5. *Full Name of Mother,*	Laura Turau
6. *Mother's Maiden Name,*	Laura Griffe
7. *Mother's Birthplace,*	Carol. C. U.S.A.
8. *Full Name of Father,*	August H Turau
9. *Father's Occupation*	Candy maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Fellers
Address,	N 19 22 Wilkins ave
Remarks,	

8930000257

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

45320.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 8d day of January 1899
4. Place of Birth, (Street and Number) 1433 Andre St Lousst Point
5. Full Name of Mother, Lizzie Bohle
6. Mother's Maiden Name, Lizzie Wegand
7. Mother's Birthplace, Hessen Darmstat Germany
8. Full Name of Father, Conrad Bohle
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Lina Müller

Address, 1402 Towson St Lousst Point

Remarks,

6 9 3 0 0 0 0 2 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45321

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jany 8 93
4. Place of Birth, (Street and Number)	731 Colonial Place
5. Full Name of Mother,	M. Bowes
6. Mother's Maiden Name,	M. Manning
7. Mother's Birthplace,	Md.
8. Full Name of Father,	P. A. Bowes
9. Father's Occupation,	Brakeman
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	726 E. Preston St.
Remarks,	

8 9 3 0 0 0 0 2 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th Jan.
4. Place of Birth, (Street and Number) 2322 Pennsylvania Avenue
5. Full Name of Mother, Elizabeth Sherelle
6. Mother's Maiden Name, Elizabeth Hagerty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John D. Sherelle
9. Father's Occupation, Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. R. Miller M.D.

Address, 2318 Druid Hill Ave City

Remarks,

8930000260

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45373.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1893
4. Place of Birth, (Street and Number) 400 E. 20th St.
5. Full Name of Mother, Mary E. Whitelegg
6. Mother's Maiden Name, Mary E Kelley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Whitelegg
9. Father's Occupation, Drug Clerk
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, W B Perry M.D.

Address, 700 E. Chase St.

Remarks,

8930000261

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office clerk or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 45324

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 1st, 1893.
4. Place of Birth, (Street and Number) 153 Chestnut ave.
5. Full Name of Mother, Elizabeth Ann Cross.
6. Mother's Maiden Name, Fleming.
7. Mother's Birthplace, Md.
8. Full Name of Father, R. Wallace Cross.
9. Father's Occupation, Mill operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8930000262

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45375.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 1st 1853
4. Place of Birth, (Street and Number) 1002 Aisquith
5. Full Name of Mother, Mary E. Reinhart
6. Mother's Maiden Name, Myers
7. Mother's Birthplace, Balto
8. Full Name of Father, John Reinhart
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, W. B. Billingslea

Address, 1206 E. Preston

Remarks,

6 9 3 0 0 0 0 2 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. Be it further enacted, That the said schedule shall contain the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth of each child, if any shall have been born alive; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 45326

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 1st 1892
4. *Place of Birth, (Street and Number)* 216 W. Lenore St
5. *Full Name of Mother* Ella Wagner
6. *Mother's Maiden Name* Ella Dixon
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Phillip Wagner
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E. A. Wiley M.D.

Address 716 W. Lenore St

Remarks

1893 0000264

If the birth of any child, within the City of Baltimore, shall not be reported to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1 " 93
4. Place of Birth, (Street and Number) 317 N Robinson St
5. Full Name of Mother, Mrs Nellie Robinson Thompson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Albert Thompson
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E. B. Ulrich M.D

Address, Union Square

Remarks,

8930000265

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

45328

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 1st 1893

4. Place of Birth, (Street and Number) 2007 Oak

5. Full Name of Mother, Carrie Ratledge

6. Mother's Maiden Name, Shamberger

7. Mother's Birthplace, Hagerstown Md

8. Full Name of Father, Henry Ratledge

9. Father's Occupation, laborer

10. Father's Birthplace, ~~Carl~~ Hartford Co Md

Name of Medical Attendant, or other person who makes this Return. Jno. B. Billingslea

Address, 1206 E. Preston St

Remarks,

8 9 3 0 0 0 0 2 6 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Jan. 1st 1893
4. Place of Birth, (Street and Number) Md. Lying-in Hosp.
5. Full Name of Mother, Mary Hunter
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Not known
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. Boyer M.D.

Address, Eager & Pitcher

Remarks,

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 3 0 0 0 0 2 6 7

RETURN OF A BIRTH.

45330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 1 — 1893
4. Place of Birth, (Street and Number) 226 S. Bethel St.
5. Full Name of Mother, Wilhelmine Rauber
6. Mother's Maiden Name, Siff
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Rauber
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks.

8930000268

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person lie in shall occur upon the mother, immediately thereafter it shall become the duty of the person above required, and attendance without the attendance of a physician or practitioner of midwifery, or should no person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 15331

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Monday January 2nd 1893
4. *Place of Birth, (Street and Number)*	1130 McCulloh St.
5. *Full Name of Mother,*	S. A. Williams.
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	" not Known.
8. *Full Name of Father,*	Could not find out.
9. *Father's Occupation,*	" " "
10. *Father's Birthplace,*	" " "
Name of Medical Attendant, or other person who makes this Return,	James Ernest Stokes
Address,	Union Protestant Infirmary, Within St. for Mother.
Remarks,	

8930000269

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 2 1893
4.	*Place of Birth, (Street and Number)*	1313 Hillman
5.	*Full Name of Mother,*	Emma V. Turner.
6.	*Mother's Maiden Name,*	" " Stiffler
7.	*Mother's Birthplace,*	Balto Co.
8.	*Full Name of Father,*	Jno. D. Turner.
9.	*Father's Occupation,*	Machinist
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return.	R. B. Cumming M.D.
	Address,	700 E. Chase St.
	Remarks,	

1893000000270

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Section 1. Be it enacted by the General Assembly of Maryland, That from and after the first day of January, eighteen hundred and ninety-four, the parents, or in case of the death of both parents, the survivor of them, or in case of the absence of both parents, the person having charge of any child born in the State of Maryland, shall cause the birth of such child to be registered, and shall furnish to the Commissioner of Health, or to the person authorized by him to receive the same, the following facts, as far as the same can be ascertained: the full name of each child; if any shall have been born dead, that fact; the sex, color, the full name and occupation of its parents, the date and place of birth; and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become and within the period above required, and the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A. 45323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 2nd 1893
4. Place of Birth, (Street and Number) 2010 E. Biddle
5. Full Name of Mother, Annie E. Spencer
6. Mother's Maiden Name, " " Bentley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Nicholas H. Spencer
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. D. Reynolds M.D.

Address, 711 N Calvert St

Remarks,

6930000271

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

45334.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 3.
4. *Place of Birth, (Street and Number)*	Allegan St 1614.
5. *Full Name of Mother,*	Maggie Haine
6. *Mother's Maiden Name,*	Maggie Lann
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	Fred Haine
9. *Father's Occupation,*	Copper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Ellen Smith
Address,	1913 Eastern ave City
Remarks,	

: 6930000272

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

45330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	January 3, 1893.
4. Place of Birth, (Street and Number)	510 Roland ave.
5. Full Name of Mother,	Eliza Kate Belt.
6. Mother's Maiden Name,	Benson.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	William H. Belt.
9. Father's Occupation	Blacksmith.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

1893000273

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth January 3rd 1893
4. Place of Birth, (Street and Number) 213 W Lanvay St
5. Full Name of Mother Annie Griffith
6. Mother's Maiden Name Annie Marcus
7. Mother's Birthplace Baltimore City
8. Full Name of Father George Griffith
9. Father's Occupation Salesman
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return, Dr. K. Wiley Md

Address 124 N. Carey Street

Remarks _____

8930000274

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 45337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 4th 1893.
4. Place of Birth, (Street and Number) No 2016 W. Pratt st.
5. Full Name of Mother, Anna Graham
6. Mother's Maiden Name, " " Snivendon
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John C. Graham
9. Father's Occupation Horseshoer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Annie Linder

Address, No 106 S. Monroe st.

Remarks,

8 9 3 0 0 0 0 0 2 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Jan. 4. 1893
4. *Place of Birth, (Street and Number)*	nine rooms 4 stories brick Mary St. near Clifton.
5. *Full Name of Mother,*	Augustina Wilhelmina Gettier
6. *Mother's Maiden Name,*	Kreafle
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Chas. R. Gettier
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Carroll Co. Md.
Name of Medical Attendant, or other person who makes this Return.	E. G. Shower M.D.
Address,	2510 Penna ave
Remarks,	

8930000276

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. C. DUNCAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4-329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 4, 1893.
4. Place of Birth, (Street and Number) 808 Huntingdon ave.
5. Full Name of Mother, Minnie B. Barnes.
6. Mother's Maiden Name, Hair.
7. Mother's Birthplace, Md.
8. Full Name of Father, Richard Thomas Barnes.
9. Father's Occupation Bricklayer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas W. Mitchell M.D.

Address, 291 Cheltenham ave.

Remarks,

8930000277

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 45300.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 3 0 0 0 0 2 7 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

45341.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-a

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. Jany 5th
4. Place of Birth, (Street and Number) 641 Dorn St
5. Full Name of Mother, Mary Wanamaker
6. Mother's Maiden Name, " Berenike
7. Mother's Birthplace, City
8. Full Name of Father, John F. Wanamaker
9. Father's Occupation, Cigar Packer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. C. Leach M.D

Address, 571 W Lanvale St

Remarks,

† 8 9 3 0 0 0 0 2 7 9

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14,534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 2 1902
4. Place of Birth, (Street and Number) Bolton [illegible] Cook Ave
5. Full Name of Mother, Ella Bolton
6. Mother's Maiden Name, Ella Adams
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wm Chas Bolton
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs M Fiske

Address, 722 Montpelier St

Remarks,

8930000280

Wm. J. C. Dulany Co., City Printers and Stationers.

All births shall be registered within ten days after the same occur, and the name of each child, if any shall have been given, shall be registered as directed under this or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45343.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colt
3. *Date of Birth,* Jany 5th 1893
4. *Place of Birth, (Street and Number)* 2212 E Baltimore St
5. *Full Name of Mother,* Margaret E Winston
6. *Mother's Maiden Name,* Ferguson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Winston
9. *Father's Occupation.* Cook
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. D. Raynor M.D.

Address, 911 N Calvert St

Remarks,

attendant... child to report its... any such person or persons... jected to the fine of ten (10) dollars...

...forfeitures are recoverable.

693 0 0 0 0 2 8 1

...J. C. BULLEY & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6 - 93
4. Place of Birth, (Street and Number) 412 Parrish Alley
5. Full Name of Mother, Mrs Nellie Duncan Streb
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Va
8. Full Name of Father, John C Streb
9. Father's Occupation, Clerk
10. Father's Birthplace, Md

No. of Medical Attendant, or other person who makes this Return, E. E. Ulrich M.D.

Address, Lemmon Square

Reg'd, 1893 0000282

Wm. J. C. Dulany Co. Printers and Stationers

RETURN OF A BIRTH.

45345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. Jan 6th 1893
4. Place of Birth, (Street and Number) 822 Edmonson Ave
5. Full Name of Mother, Katie Brown
6. Mother's Maiden Name. Beaver
7. Mother's Birthplace. Balto
8. Full Name of Father, James Brown
9. Father's Occupation. Clerk
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return. Dr. O. B. Billingslea

Address, 1206 E. Preston St

Remarks, 8930000283

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	white
Date of Birth,	May 6th
Place of Birth, (Street and Number)	417 E. Hamburg st
Full Name of Mother,	Rebecca Worrell
Mother's Maiden Name,	Levy
Mother's Birthplace,	City
Full Name of Father,	Henry Worrell Jr
Father's Occupation,	Dry Goods dealer
Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	Hardwick MD 511 Fremont st
	8930000284

...nd Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

S Sex, (state whether male or female) Female

2. I Race or Color, (if not of the white race)

Date of Birth, Jan. 7 — 1893

4. 4. Place of Birth, (Street and Number) 712 Swan St.

5. Full Name of Mother, Rosa Rodes

6. 6. Mother's Maiden Name, Gans

7. M. Mother's Birthplace, Washington D.C.

8. Fu Full Name of Father, George Rodes

9. F. Father's Occupation Laborer

0. F. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

0 9 3 0 0 0 0 2 8 5

Remarks,

Guy Co., City Printers and Stationers

RETURN OF A BIRTH. 45347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 7th Jan: 1893
4. Place of Birth, (Street and Number) 1131 E. Pratt st
5. Full Name of Mother, Rebecca Levy
6. Mother's Maiden Name, " Swartz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Isidore Levy
9. Father's Occupation, Salesman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Rose Ullrig

Address, 1302 E. Lexington st

Remarks,

893000028 3

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 4, 1893.
4. Place of Birth, (Street and Number) 422 N. Fourth St.
5. Full Name of Mother, Delia Roche.
6. Mother's Maiden Name, Norton.
7. Mother's Birthplace, Md.
8. Full Name of Father, Michael Roche.
9. Father's Occupation, Glassblower.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return, Chas. Dr. Mitchell Jr.

Address, 29 Chestnut ave.

Remarks,

8930000287

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4/5349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	January 7, 1893.
4. Place of Birth, (Street and Number)	809 Lucas ave.
5. Full Name of Mother,	Mary Catherine McComas,
6. Mother's Maiden Name,	Yingling,
7. Mother's Birthplace,	Md.
8. Full Name of Father,	John Lyria McComas.
9. Father's Occupation	Car driver.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas H. Mitchell M.D.
Address,	271 Cleveland ave.
Remarks,	

8930000288

month, and shall set forth as far as the same can be ascertained the full name, ... child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 143.50.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1st Jan
4. Place of Birth, (Street and Number) 1026. Hillen St
5. Full Name of Mother, Mary Reynolds
6. Mother's Maiden Name, Mary Mahoon
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Neidal Reynolds
9. Father's Occupation, Police
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Gorick midwife.

Address, No 506 N. Wolfe St.

Remarks,

18930000289

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) black
3. Date of Birth, Jan. 8th 1893
4. Place of Birth, (Street and Number) 1030 McCulloh St.
5. Full Name of Mother, Delia Williams
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, F. B. Marden M. D.

Address, Good Samaritan Hospital (1030 McCulloh St.)

Remarks, The woman came in at 11 P. M. with great pains, was delivered in an hour. Both living.

6 9 3 U 0 0 0 2 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 1/2 357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* June 9 - 93
5. *Place of Birth, (Street and Number)* 1920 E. Eager St
6. *Full Name of Mother,* Sallie E. Doulon
7. *Mother's Maiden Name,* " Ward
8. *Mother's Birthplace,* Md
9. *Full Name of Father,* John H. Doulon
10. *Father's Occupation* Tobacco Sampler
11. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 McDonough St

Remarks,

8 9 3 0 0 0 0 2 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

No. of Child of Mother, Sex, Race or Color, Date of Birth, Place of Birth, Full Name of Mother, Mother's Maiden Name, Mother's Birthplace, Full Name of Father, Father's Occupation, Father's Birthplace, Name of Medical Attendant, Address, Remarks, shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

4.5.3.5.3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd & 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* January 6th 1893
4. *Place of Birth (Street and Number),* # 6 North Eugene St
5. *Full Name of Mother,* Margaret E Lucas
6. *Mother's Maiden Name,* Cumberland
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Theodore Lucas
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, # 8 Fairs
1519 E Baltimore St

Remarks,

18930000292

For the purpose of more accurately ascertaining the full name of each child, if any shall have been omitted at the time of the birth, and the said return of the name of each child, as far as the name can be ascertained the full name and occupation of its parents, the date and place of birth, first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents, and any such person or persons shall be delivered, the full name and residence of the person in attendance upon the mother, immediately thereafter it shall incur and within the period above required, to report the birth to the Commissioner of Health, in the manner provisions of this section shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the fines and forfeitures are recoverable for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 9th 1893.
4. *Place of Birth, (Street and Number)*	No 215 N. Pine St.
5. *Full Name of Mother,*	Theresa Dallehandt.
6. *Mother's Maiden Name,*	" " Kuttmann
7. *Mother's Birthplace,*	Hanover
8. *Full Name of Father,*	William Dallehandt.
9. *Father's Occupation*	Passenger.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Barnie Leidner
Address,	No 46 S. Monroe St
Remarks,	8 9 3 0 0 0 0 2 9 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 11335.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 9, 1893.
4. Place of Birth, (Street and Number) 935 Frederick Ave East.
5. Full Name of Mother, Rose Kapraun.
6. Mother's Maiden Name, Rose Sifert
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Frank Kapraun.
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, J B Mullins M.D.

Address, 952 Frederick Ave East.

Remarks, 8930000294

Every midwife, physician or other person who shall have been concerned in the birth of any child, shall ascertain the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 40356

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

---

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex,* (state whether male or female)	Male
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth,*	Jan 9th 93
4. *Place of Birth.* (Street and Number)	Emerson Hotel (Monument Sq.)
5. *Full Name of Mother*	Mary E. ~~Hopkins~~ Stumpf
6. *Mother's Maiden Name,*	" Duffy
7. *Mother's Birthplace,*	Pa
8. *Full Name of Father,*	John F. J. Stumpf
9. *Father's Occupation,*	Hotel Keeper
10. *Father's Birthplace*	Pa
Name of Medical Attendant, or other Person who makes this Return	W. F. Gill (Md)
Address,	1001 Ed ave
Remarks,	

0930000295

7

& CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-20-58

4537

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Annie Silberman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 9 — 1893
4. Place of Birth, (Street and Number) 1415 Gough St.
5. Full Name of Mother, Fannie Silberman
6. Mother's Maiden Name, Batz
7. Mother's Birthplace, Rusia
8. Full Name of Father, Liman Silberman
9. Father's Occupation Cloak a Maker
10. Father's Birthplace, Rusia

Name of Medical Attendant, or other person who made this Return, Mary Stein

Address, 1427 E. Fait St

8930000296

Remarks,

months and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45358.

GIVEN NAME ADDED 5-9-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~William H. Caddy~~ Second

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female) Jan 11 - 43

2. Race or Color, (if not of the white race) 1629 E. Madison

3. Date of Birth, Priscilla Caddy

4. Place of Birth, (Street and Number) Mitchell

5. Full Name of Mother, Md

6. Mother's Maiden Name, Wm H. Caddy

7. Mother's Birthplace, Fireman

8. Full Name of Father, Balt

9. Father's Occupation Mrs Mary A. Allwell

10. Father's Birthplace, Dr H McDonough

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8930000297

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-14-55

45359

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Annie Marie Boyd 1/c

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 11th 1893
4. Place of Birth, (Street and Number) 1501 N. Lexington st
5. Full Name of Mother, Emma Boyd
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, C. N. Lawson M.D.

Address, 627 N. Lombard st.

Remarks,

8930000298

Wm. J. C. Dulany Co., City Printers and Stationers

The Register shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 43660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	Jan. 11th 1893.
4. *Place of Birth, (Street and Number)*	1550 Mewington Place
5. *Full Name of Mother,*	Ellen L. Kraft
6. *Mother's Maiden Name,*	Goodman
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Wm. A. Kraft
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return.	E. G. Shower, M.D.
Address,	1510 Penna. ave
Remarks,	

8930000299

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten nor dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. C. O. BALACY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 1/5-361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 11, 1893.
4. *Place of Birth, (Street and Number)*	420 First Ave.
5. *Full Name of Mother,*	Nellie Allinson
6. *Mother's Maiden Name,*	Strong
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert T. Allinson
9. *Father's Occupation,*	Ship-carpenter
10. *Father's Birthplace,*	Calvert County, Md.
Name of Medical Attendant, or other person who makes this Return.	John Hood, M.D.
Address,	1312 Harlem Ave.
Remarks,	Live baby

1893000000300

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11 - 93
4. Place of Birth, (Street and Number) 415 Payson St
5. Full Name of Mother, Mrs Hermina Rhyne Buck
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto "
8. Full Name of Father, John F. Buck
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. B. Ullmann

Address, Lemmon Square

Remarks,

1893000031

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex (state whether male or female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* January 23 1900

4. *Place of Birth (Street and Number)* [illegible]

5. *Full Name of Mother* Emma

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Balto

8. *Full Name of Father* [illegible]

9. *Father's Occupation* [illegible]

10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

8 9 3 0 0 0 0 3 0 2

RETURN OF A BIRTH. 16363.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 12 - 93
4. *Place of Birth, (Street and Number)*	915 N Washington
5. *Full Name of Mother,*	Mary E. Kelly
6. *Mother's Maiden Name,*	Lowber
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Jacob H. Kelly
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Adams
Address,	918 N. Bond St
Remarks,	1893 0000303

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

EF—8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

45364.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 12th 1893
4. Place of Birth, (Street and Number) 925 Ramsay st.
5. Full Name of Mother, Mrs. L Lawrence.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.

Address, 622 N. Lombard st.

Remarks,

8930000304

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report its birth to the Commissioner, he shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 te

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12 th January 1893
4. *Place of Birth, (Street and Number)* Hydeside Alley
5. *Full Name of Mother,* Rose Ludwig
6. *Mother's Maiden Name,* Lyons
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Ludwig
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Elizabeth Jones

Address, 1136 E. Fort Ave

Remarks, 8930000305

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 43365.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Agnes Gertrude — Voltz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 12, 1893

4. Place of Birth, (Street and Number) 839, Rembart St

5. Full Name of Mother, Frances Voltz

6. Mother's Maiden Name, " Sipe

7. Mother's Birthplace, Virginia

8. Full Name of Father, Herman Voltz

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return. Edelsaree M.D.

Address, 830 Columbia ave

Remarks, GIVEN NAME ADDED 3-8-54

8 9 3 0 0 0 4 0 3 0 6

1893

Sec. 4. Every physician, midwife or other person who shall assist at the birth of any child born in the city of Baltimore, or who shall be informed of the birth of any child born in the city of Baltimore, shall, within ten days after the birth of such child, make a return of the birth to the Commissioner of Health, which return shall be made upon a blank to be furnished by the Commissioner of Health, and shall contain the name of the child, if it has been named, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician, midwife or other person making the return. In case the birth occurs at the residence of the parents, the return shall be made by the physician or midwife in attendance upon the mother, and in case there is no physician or midwife in attendance, then by the father of the child, or the householder of the house in which the birth occurs. In case the birth occurs elsewhere than at the residence of the parents, the return shall be made by the person having charge of the mother at the time of the birth. Any person who shall neglect or refuse to make the return required by this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. MILLARD & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 45366.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred;) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 19th 1893
4. *Place of Birth, (Street and Number)* Baltimore City Hospital
5. *Full Name of Mother,* Lillie Bitter
6. *Mother's Maiden Name,* Lillie Carey
7. *Mother's Birthplace,* Frederick Co. Md.
8. *Full Name of Father,* Frederick Bitter
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Shuster

Address, 722 Lemmon St

Remarks,

1 8 9 3 0 0 0 0 3 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4536?

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, January. 12th 1893.
4. Place of Birth, (Street and Number) 1135 Park St Baltimore City
5. Full Name of Mother, Sara E. Woodall.
6. Mother's Maiden Name, Sara E. Jackson.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Geo. H. Woodall.
9. Father's Occupation Boxmaker.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Shaffer.

Address, 122 Hamburg St. Balt. City

Remarks, 1893000308

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45368.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 12th 1893.
4. *Place of Birth, (Street and Number)*	No 218 E Fillmore St.
5. *Full Name of Mother,*	Annie Abner
6. *Mother's Maiden Name,*	Rongof
7. *Mother's Birthplace,*	Russia,
8. *Full Name of Father,*	Max Abner
9. *Father's Occupation*	Blacksmith.
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
Address,	906 S. Monroe
Remarks,	1893000309

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 12th 1873.
4. *Place of Birth, (Street and Number)*	No 339 Kirby's Lane.
5. *Full Name of Mother,*	Mary E. Lisle
6. *Mother's Maiden Name,*	" J. French.
7. *Mother's Birthplace,*	Baltimore Co.
8. *Full Name of Father,*	Enoch H. Lisle
9. *Father's Occupation*	Carpenter.
10. *Father's Birthplace,*	France
Name of Medical Attendant, or other person who makes this Return	Pierre Lindner
Address,	No 106 S Howard
Remarks,	8930000310

Wm. J. C. Dulany Co., City Printers and Stationers.

Births and shall set forth as far as the same can be ascertained the full name of each child; (if any shall have been born dead, that fact shall be stated) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person on premises, and within the period above required, and third occur without the attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person on premises, and within the period above required, and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the Births and shall set forth as far as the same can be ascertained the full name of each child; (if any shall have

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-child to report its birth to the Commissioner of Health, in the manner and within the period above required, and

RETURN OF A BIRTH.

A 45370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 12— 1893
4. Place of Birth, (Street and Number) 1425 E. Pratt St.
5. Full Name of Mother, Annie John
6. Mother's Maiden Name, Fink
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob John
9. Father's Occupation, Store-Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Steine

Address 1427 E Pratt St.

Remarks, 1893 0000311

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

45371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 13th. 93.
4. Place of Birth, (Street and Number) 2431 Alice Ann str.
5. Full Name of Mother, Louise Reinhardt
6. Mother's Maiden Name, " Baier
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Reinhardt
9. Father's Occupation, Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Heisenhofer

Address, 1806 Eastern Ave.

Remarks, 8930000312

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 13 93
4. Place of Birth, (Street and Number) 1014 Division St
5. Full Name of Mother, Sadie Riley
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward G. Riley
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. N. Christian M.D.

Address,

Remarks,

8930000313

The Midwife shall obtain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 Jan 1893
4. Place of Birth, (Street and Number) 103 N. Bond st
5. Full Name of Mother, Betta Cates
6. Mother's Maiden Name, Shultz
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas. Cates
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Uhrig

Address, 1302 E. Lexington st

Remarks, 8 9 3 0 0 0 0 3 1 4

Wm. J. C. Dulany Co., City Printers and Stationers

As the name can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 14-93

4. Place of Birth, (Street and Number) 1614 N Washington

5. Full Name of Mother, Carrie R. Gillen

6. Mother's Maiden Name, " " Brady

7. Mother's Birthplace, Md

8. Full Name of Father, Wm J. Gillen

9. Father's Occupation Carpenter

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary C Connell

Address, 911 E Dough

Remarks, 6930000315

1893

Wm. J. C. Dulany Co. City Printers and Stationers.

Months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 4635

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th January 1893

4. Place of Birth, (Street and Number) 1210 West Side Ave

5. Full Name of Mother, Ida Katherine Kirby

6. Mother's Maiden Name, " " Weaver

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Cecil Kirby

9. Father's Occupation, Tin + Sheet iron Worker

10. Father's Birthplace, Worcester Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 1126 E Fait Ave

Remarks, 6930000316

Wm. J. C. Dulany Co., City Printers and Stationers.

The name can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 45376.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January the 14 1893
4. *Place of Birth, (Street and Number)*	Maryland 1021 11
5. *Full Name of Mother,*	Mary King
6. *Mother's Maiden Name,*	Mary Murphy
7. *Mother's Birthplace,*	George town D C
8. *Full Name of Father,*	John J King
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Keller
Address,	N 17 22 Wilkens Av
Remarks,	

6 9 3 0 0 0 0 3 1 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines are paid for feitures are recoverable.

W. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 14 — 1893
4. Place of Birth, (Street and Number) 314 S. Eden St.
5. Full Name of Mother, Mary George
6. Mother's Maiden Name, Schick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ernest George
9. Father's Occupation, Mechanic
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who made this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks, 6 9 3 0 0 0 0 3 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

GIVEN NAME ADDED 10-11-37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna Pauline Young

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8930000319

...C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan 15th 1893.
4.	*Place of Birth, (Street and Number)*	1611 E. Madison St.
5.	*Full Name of Mother,*	Betty McGaw
6.	*Mother's Maiden Name,*	Betty Hendon
7.	*Mother's Birthplace,*	Delaware Md
8.	*Full Name of Father,*	Wm. L. McGaw.
9.	*Father's Occupation,*	Painter
10.	*Father's Birthplace,*	Washington D.C.
	Name of Medical Attendant, or other person who makes this Return,	W B Penny M.D.
	Address,	700 E. Chase St.
	Remarks,	

1893000000320

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GEO. J. C. GULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

46380

ld of Mother, (state whether 1st, 2d, 3d, &c.)	Eight Child
tate whether male or female)	Male
r Color, (if not of the white race)	White
f Birth,	January 15
of Birth, (Street and Number)	Baltimore & Carroll st
ame of Mother,	Sarah J Harvey
's Maiden Name,	Sarah J Shipley
's Birthplace,	Baltimore
ame of Father,	William L. Harvey
's Occupation,	Brightes Worker
's Birthplace,	Baltimore
of Medical Attendant, or other person who makes this Return.	Mrs. Ruth A. Calhoun
s,	No. 1206 W. Pratt st
ts,	

1893000003 21

ND STATIONERS.

RETURN OF A BIRTH. A 145381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 15 Register No 402.
4. Place of Birth, (Street and Number) Laura J Mayer
5. Full Name of Mother, Laura Jones
6. Mother's Maiden Name, Baltimore md
7. Mother's Birthplace, Frederick Mayer
8. Full Name of Father, Professor
9. Father's Occupation, Baltimore md
10. Father's Birthplace, Ellen Smith

Name of Medical Attendant, or other person who makes this Return.

Address. 1913 Eastern ave City

Remarks,

8930000322

GEO. J. O. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 5 1893
4. *Place of Birth, (Street and Number)* 421 E. 24th St
5. *Full Name of Mother,* Emma K. Cavanaugh
6. *Mother's Maiden Name,* Carter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John L. Cavanaugh
9. *Father's Occupation,* Telegraph Operator
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke Jr. M.D.

Address, 921 N. Charles St

Remarks,

8 9 3 0 0 0 0 3 2 3

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

H5383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 15, 1893
4. *Place of Birth, (Street and Number)* No 1227 Harford ave.
5. *Full Name of Mother,* Alice E Gardner
6. *Mother's Maiden Name,* Alice E. Bailey.
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John L Gardner.
9. *Father's Occupation.* Clerk.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs. A. E. Gardner M.D.

Address, 1241 Harford ave

Remarks,

1 8 9 3 0 0 0 0 3 2 4

Wm. J. C. Dulany Co., City Printers and Stationers

Every birth occurring within the limits of Baltimore City hereafter shall be reported to the Commissioner of Health, within ten days after such birth, by the physician or midwife in attendance upon the mother, or by the father of the child, or in his absence, by the mother, or by the nurse, or by the householder, or by the owner of the premises where the birth occurs, or by the agent of such owner. The return of each birth shall state the place of birth, the full name and occupation of its parents, the date and place of birth, and the full name of each child of any mother, and shall be signed by the person making the return. Blank forms for such returns shall be furnished by the Commissioner of Health to physicians, midwives and others required to make returns of births, and it shall be the duty of each and every person who shall have received such blanks to report to the Commissioner of Health, within ten days after the first and third day of each and every month, all births occurring during the preceding month, whether any birth has occurred or not. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. A 45384

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Boy - John Henry Lauterbach
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 15th. 93.
4. Place of Birth, (Street and Number) 1741 Canton Ave.
5. Full Name of Mother, Louise Lauterbach
6. Mother's Maiden Name, " Weber
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Lauterbach
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dorenkopfer

Address, 1806 Eastern Ave

Remarks,

8 9 3 0 0 0 0 3 2 5

Full given name added from the original manuscript.
Mrs. Eliz. Lauterbach Mother
[illegible] Birth Index Clerk
January 13 1930.

Wm. J. C. Dulany Co., City Printers and Stationers

Any person concerned, as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 15 1893
4. Place of Birth, (Street and Number) Fulton st n 319
5. Full Name of Mother, Savannah Simpson
6. Mother's Maiden Name, Savannah Backman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James W Simpson
9. Father's Occupation Cigar maker
10. Father's Birthplace, Prussia C O [illegible] D

Name of Medical Attendant, or other person who makes this Return, Wm J Kelly

Address, 1722 W Balto

Remarks,

8 9 3 0 0 0 0 3 2 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 15386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 12th January 1893
4. Place of Birth, (Street and Number) 318 Burrough St
5. Full Name of Mother, Ellen R Belt
6. Mother's Maiden Name, " " Sayer
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Gilbert L Belt
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 1426 E Fort Ave

Remarks, 8930000327

Wm. J. C. Dulany Co., City Printers and Stationers

---

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 45387

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15th January 1893
4. *Place of Birth, (Street and Number)* 1326 Boyle St
5. *Full Name of Mother,* Ella L Rust
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* J C Rust
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gould

Address, 1436 E Fort Ave

Remarks, 8930000328

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	~~Female~~ Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 4 1893
4. *Place of Birth, (Street and Number)*	6 N Huntingdon Ave
5. *Full Name of Mother,*	Kate A Woods
6. *Mother's Maiden Name,*	Opdyke
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Robert Woods
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Penn
Name of Medical Attendant, or other person who makes this Return,	Chas E Fadden MD
Address,	2100 Druid Hill Ave
Remarks,	

1893 0000329

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan. 15 1893.
4.	*Place of Birth, (Street and Number)*	121 N Bond St.
5.	*Full Name of Mother,*	Josephine Homann
6.	*Mother's Maiden Name,*	Ballmer
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Henry Homann Jr.
9.	*Father's Occupation,*	Teacher of music
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Chas A Kimble M.D.
	Address,	1400 E Balto St.
	Remarks,	

A 46389

The above shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

1 8 9 3 0 0 0 0 3 3 0

RETURN OF A BIRTH. A 46390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 Jan
4. Place of Birth, (Street and Number) 518 S. Front St
5. Full Name of Mother, Sara Barry
6. Mother's Maiden Name, Sara Cronin
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Barry
9. Father's Occupation, Tailor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. B. Britt midwife

Address, No 506 S. High St.

Remarks,

8930000331

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child born within the City of Baltimore shall have its sex, color, the full name and occupation of its parents, the date and place of birth; and the name entered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

A 14341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan. 16th 1893
4. *Place of Birth, (Street and Number)*	622 N. Lombard st.
5. *Full Name of Mother,*	Bettie Shalen
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	L. L. Eley M. D.
Address,	622 N. Lombard st.
Remarks,	

J. C. BALDWIN & CO., CITY PRINTERS AND STATIONERS.

18930000332

RETURN OF A BIRTH.

A. 453 97.

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth. January 16th 97.
4. Place of Birth, (Street and Number) 333. E. Chester str.
5. Full Name of Mother, Maud Wainwright
6. Mother's Maiden Name, " Collier
7. Mother's Birthplace, Salisbury. (Wicomico Co. Md.)
8. Full Name of Father, William Wainwright
9. Father's Occupation Sailor
10. Father's Birthplace, Dames quarter. (Somerset Co. Md.)

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 1816 Eastern Ave.

Remarks.

8 9 3 0 0 0 0 3 3 3

Every midwife, physician or practitioner in the city of Baltimore, who shall have been concerned in the birth of any child, shall, within ten days after the birth of each child, and any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	16th day of January
4.	*Place of Birth, (Street and Number)*	40 So Schroeder St
5.	*Full Name of Mother,*	Ida Thomas
6.	*Mother's Maiden Name,*	Ida Dittman
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Louis Thomas
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore County
	Name of Medical Attendant, or other person who makes this Return.	Bridget O'Hayse
	Address,	524 Hollins
	Remarks,	

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

8930000334

George A Herold

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, ~~412 W Lombard st~~ 16 Jan 1893
4. Place of Birth, (Street and Number) 412 W Lombard st
5. Full Name of Mother, Irma Herold
6. Mother's Maiden Name, " Willox
7. Mother's Birthplace, Balto
8. Full Name of Father, Gustav Herold
9. Father's Occupation, Bar Keeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Ullrig

Address, 1302 E. Lexington st

Remarks,

8930000335

Wm. J. C. Dulany Co., City Printers and Stationers

Every midwife, physician or practitioner in midwifery, shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Black
3. Date of Birth,	Jan 16th 1923
4. Place of Birth, (Street and Number)	1735 N. Bond
5. Full Name of Mother,	Maggie Shepperd
6. Mother's Maiden Name,	McDonald
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Emil Shepperd
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	H. B. Billingslea
Address,	1206 E. Preston St
Remarks,	

8930000336

Wm J C. Dulany Co., City Printers and Stationers.

Every birth occurring in this city shall be reported to the Commissioner of Health within ten days after such birth, and the certificate required by the Commissioner of Health shall contain the following information, viz.: the full name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46396.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 Jan 1893
4. Place of Birth, (Street and Number) 410 Forest st
5. Full Name of Mother, Katie Koninger
6. Mother's Maiden Name, Ernster
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas Koninger
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Ulrig

Address, 1302 E Lexington st

Remarks,

8 9 3 0 0 0 0 3 3 7

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

145397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16 - 93
4. Place of Birth, (Street and Number) 1913 N Gilmor St
5. Full Name of Mother, Mrs Ida Rhodes Stubbs
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto
8. Full Name of Father, Paul Stubbs
9. Father's Occupation Organ Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Ellwanger

Address, Linwood Ave

Remarks,

893000003338

Wm. J. C. Dulany Co., City Printers and Stationers

4598.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16-98
4. Place of Birth, (Street and Number) 612 Gilmor
5. Full Name of Mother, Mrs Rosa Conroy Offeldman
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto
8. Full Name of Father, Physician Offeldman
9. Father's Occupation Virginia Works
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Illmich

Address, Lemmon Square

Remarks,

8930000339

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

45394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 16 - 93
4. Place of Birth, (Street and Number)	1919 Ramsay St
5. Full Name of Mother,	Mrs Mary Bailey Bowers
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Md
8. Full Name of Father,	James E Bowers
9. Father's Occupation	
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return,	E. E. Ullrich
Address,	Linwood Square
Remarks,	

8930000340

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Of

No. of Child of M

1. *Sex, (state wh*
2. *Race or Color*
3. *Date of Birt*
4. *Place of Birth*
5. *Full Name of*
6. *Mother's Mai*
7. *Mother's Birt*
8. *Full Name of*
9. *Father's Occu*
10. *Father's Birt*

Name of Medi

Address, ...

Remarks, ...

.....

Wm. J. C. Dulany Co., City Printers an

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 45399

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. January 17th 1893
4. Place of Birth, (Street and Number) 1816 Hillen st
5. Full Name of Mother, Sofia Kaiser
6. Mother's Maiden Name, Peters
7. Mother's Birthplace, Russia
8. Full Name of Father, Friedrich Kaiser
9. Father's Occupation Locksmith
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Annie Lindauer

Address, 1816 E Monroe st

Remarks,

8930000341

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8930000342

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 45401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 12 1893.
4. Place of Birth, (Street and Number) The 1904 N. Washington Ave.
5. Full Name of Mother, Ellen Rinebach
6. Mother's Maiden Name, Ellen O'Connor
7. Mother's Birthplace, Ireland
8. Full Name of Father, Henry Rinebach
9. Father's Occupation Carpenter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Eug. A. Caldwell M.D.

Address, 1741 Harford Ave

Remarks,

18930000343

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

B 150407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 17th 1893
4. Place of Birth, (Street and Number) 708 Lucys Court Stayman St.
5. Full Name of Mother, Bessie Blackwell
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M.D

Address, 623 N. Lombard st.

Remarks,

8930000344

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

45205.

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XI

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 17th. 93.
4. Place of Birth, (Street and Number) 201 N. Cannon str.
5. Full Name of Mother, Mary Pehringer
6. Mother's Maiden Name, " Rehmdn
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Pehringer
9. Father's Occupation Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mr. Heisenbozer

Address, 806 Eastern Ave.

Remarks,

8 9 3 0 0 0 0 3 4 5

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 17 1903
4. Place of Birth, (Street and Number) 40 E. Lanvale
5. Full Name of Mother, Lola Thomas
6. Mother's Maiden Name, Pitman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Thomas
9. Father's Occupation Fireman
10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, J. F. Christian M.D.

Address,

Remarks,

Been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1693 0000346

GIVEN NAME ADDED 10-24-57

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st and George Bailey Foy

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 14 1893
4. Place of Birth, (Street and Number) 1126 Stafford Street
5. Full Name of Mother, Ella V Foy
6. Mother's Maiden Name, Ella V. Mauck
7. Mother's Birthplace, Tetonwater Va
8. Full Name of Father, Frank T. Foy.
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Hartford County

Name of Medical Attendant, or other person who makes this Return, J B Mullen M.D.

Address, 757 Frederick Ave East

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

8930000347

RETURN OF A BIRTH, 45406

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 17. 93
4. *Place of Birth, (Street and Number)* 765 W. Lexington St
5. *Full Name of Mother* Emma E. McDonald
6. *Mother's Maiden Name* Emma E Long
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* Edward B. McDonald
9. *Father's Occupation* Government Clerk
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Lib Wiley M.D.

Address

Remarks

8 9 3 0 0 0 6 5 4

Every Physician, Midwife, or other person having charge of any case, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

1 8 9 3 0 0 0 0 3 4 9

HR-RM 32
(4-1-64)
Hall of Records Commission

RETURN OF A BIRTH, 45406

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, &c.)

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Child
3. *Date of Birth* January 17. 93
4. *Place of Birth, (Street and Number)* 765 W. Lexington St
5. *Full Name of Mother* Emma V. McDonald
6. *Mother's Maiden Name* Emma V Kong
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* Edward J. McDonald
9. *Father's Occupation* Government Clerk
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. Wiley Mrs

Address

Remarks

1890-000348

1893000348

Every Physician, Midwife, or other person having charge of any case of birth occurring within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 45407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th 93-
4. Place of Birth, (Street and Number) Md - Lying-in Hosp -
5. Full Name of Mother, Louisa Kupsick
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Germany
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Ernest Hedrich

Address, Baltimore

Remarks,

1890 - 000319

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-4-57

RETURN OF A BIRTH.

45408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Elsie Loretta Ulrich Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Jan 18 93
4. Place of Birth, (Street and Number) 730 Colgate Place
5. Full Name of Mother. Minnie Ulrich
6. Mother's Maiden Name. Minnie Uehrle
7. Mother's Birthplace. Pittsburgh Pa
8. Full Name of Father. Wm J. Ulrich
9. Father's Occupation, Motorman
10. Father's Birthplace. Pittsburgh Pa

Name of Medical Attendant, or other person who makes this Return. W B Perry MD

Address, 700 E. Chase St.

Remarks, 8930000350

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 45409.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 18 93

4. *Place of Birth, (Street and Number)* 1511 E Fairmount

5. *Full Name of Mother,* Grace Harrison

6. *Mother's Maiden Name,* Hewitt

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Frank J. Harrison

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary W. Collett

Address, 912 N Douglas

Remarks,

1893000351

FF 1 188

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 18 93
4. Place of Birth, (Street and Number) 2220 Druid Ave
5. Full Name of Mother, Mary Walker
6. Mother's Maiden Name, Chapel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. L. Walker
9. Father's Occupation Leather Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. T. Christian M.D.

Address,

Remarks,

1 8 9 3 0 0 0 0 3 5 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 11511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 18 — 1893
4. Place of Birth, (Street and Number) 2308 E. Fayette St.
5. Full Name of Mother, Faustine Yaeger
6. Mother's Maiden Name, Markenwich
7. Mother's Birthplace, Germanny
8. Full Name of Father, John Yaeger
9. Father's Occupation Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 1427 E Pratt St.

Remarks. 1893000353

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 19 Jan 1893
4. Place of Birth, (Street and Number) 1121 N. Eden ey st
5. Full Name of Mother, Annie Levy
6. Mother's Maiden Name, n Friedman
7. Mother's Birthplace, Russia
8. Full Name of Father, Hyman Levy
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Ulrig

Address, 1302 E. Lexington st

Remarks, 8930000354

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 14th 1893
4. Place of Birth, (Street and Number) No. 20 Belair Ave.
5. Full Name of Mother, Katie Brauer
6. Mother's Maiden Name, Hieber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Brauer
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmina Schmidt

Address, No. 1720 N. Collington Ave. City

Remarks, 1893 C 000355

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A-15414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 11th 1893
4. *Place of Birth, (Street and Number)* No. 26 S. Fulton St.
5. *Full Name of Mother,* Mary Rosendale
6. *Mother's Maiden Name,* L. Roemer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chris. Rosendale
9. *Father's Occupation* Furniture Manufacturer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Annie Leinbrock

Address, No. 26 S. Monroe

Remarks,

1893000356

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

GIVEN NAME ADDED 1-16-51

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Robert Bartus Megary

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 19/13
4. *Place of Birth, (Street and Number)*	516 Dolphin St
5. *Full Name of Mother,*	Florence E Megary
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Robt M Megary
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	A. S. Taylor M.D.
Address,	1712 Druid Hill Ave
Remarks.	

8930000357

RETURN OF A BIRTH. A 45716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 20
4. Place of Birth, (Street and Number) Eastern ave 1929
5. Full Name of Mother, Mathilda Landin
6. Mother's Maiden Name, Mathilda Hanson
7. Mother's Birthplace, Sweden
8. Full Name of Father, Carl Johan Landin
9. Father's Occupation, machinist
10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 1913 Eastern Ave City

Remarks,

8930000358

GEO. J. G. GULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 1-14-52

RETURN OF A BIRTH. 46417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Catherine ~~Grubb~~ First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 20, 1942.
4. Place of Birth, (Street and Number) The 1324 N. Chester St.
5. Full Name of Mother, Lillie Gault.
6. Mother's Maiden Name, Lillie Brooks.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Harry Gault.
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. A. Elwell, M.D.

Address, 1241 Hanover Ave

Remarks,

1 8 9 3 0 0 0 0 3 5 9

Wm. J. C. Dulany Co., City Printers and Stationers

Every physician, midwife or other person who shall have been concerned in the birth of any child, of any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 January
4. Place of Birth, (Street and Number) East side of 2935 Baltimore
5. Full Name of Mother, Henrietta A Butcher
6. Mother's Maiden Name, Brogan
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Henry Butcher Jr
9. Father's Occupation Railroad Brakeman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Wm P. Zimmerman

Address, 1225 Hare street.

Remarks, + 8 9 3 0 0 0 0 3 6 0

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 1548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 21st 1893
4. Place of Birth, (Street and Number) 413 N. Wolfe
5. Full Name of Mother, Barbara Henkel
6. Mother's Maiden Name, Lang
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas Henkel
9. Father's Occupation, grocer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Wm B Billingslea

Address, 1206 E Pratt

Remarks, 8930000361

Wm J C. Dulany Co., City Printers and Stationers.

The above Return of a Birth is to be made as soon as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45449

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 21st 1893
4. *Place of Birth, (Street and Number)*	926 N. Gay st
5. *Full Name of Mother,*	Kate Fiji
6. *Mother's Maiden Name,*	Dommet
7. *Mother's Birthplace,*	Scotland
8. *Full Name of Father,*	Henry Fiji
9. *Father's Occupation,*	Cake baker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Dr. B Billingslea
Address,	1206 E. Baltimore St
Remarks,	

8930000362

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the precedents of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 Jan 93
4. Place of Birth, (Street and Number) 1400 E Pratt st
5. Full Name of Mother, Sahra Hyman
6. Mother's Maiden Name, " Bauer
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Hyman
9. Father's Occupation, Grocer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Jno. Rose Young

Address, 1305 E Lexington st

Remarks, 8930000363

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 893000003 64

been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sun. ; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 45477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Jan. 21st 1893
4. Place of Birth, (Street and Number) 923 China St.
5. Full Name of Mother, Estelle Jubilee
6. Mother's Maiden Name.
7. Mother's Birthplace, Md.
8. Full Name of Father.
9. Father's Occupation.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. L. Eley M. D.

Address, 622 S. Lombard St.

Remarks,

8930000365

The undersigned hereby certifies that the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 45473

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 21st. 93.
4. Place of Birth, (Street and Number) 242 Alice Ann str.
5. Full Name of Mother, Ami Nelson
6. Mother's Maiden Name, " Schwabe
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Nelson
9. Father's Occupation Captain
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 1806 Eastern Ave.

Remarks, 8930000365

Every case of birth which shall occur after the first day of January, 1877, in the City of Baltimore, shall be reported to the Commissioner of Health within ten days after the birth has occurred, by the attending physician or midwife, and in case there shall be neither physician nor midwife in attendance, then the householder or owner of the premises where the birth occurred shall report the same within the time aforesaid. Every report of a birth shall state the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother, if born alive, and whether still born or alive at the time the report is made. Every case of still birth shall be reported as a birth and as a death, and a certificate of the still birth shall be given by the physician or midwife in attendance, or by the householder or owner of the premises, as the case may be, which certificate shall state the cause of the still birth, as far as the same can be ascertained. Every midwife who shall attend a birth shall, within ten days after the birth has occurred, report the same to the Commissioner of Health, and shall state in such report the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother, if born alive, and whether still born or alive at the time the report is made. Every case of still birth shall be reported as a birth and as a death, and a certificate of the still birth shall be given by the midwife in attendance, which certificate shall state the cause of the still birth, as far as the same can be ascertained. Every householder or owner of premises who shall fail to report a birth or still birth as herein required, shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 2nd. 93.
4. Place of Birth, (Street and Number) 2305. Alice Ann str.
5. Full Name of Mother, Frederica Lenz
6. Mother's Maiden Name, " Altevogt
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Lenz
9. Father's Occupation Stevendore
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mr. Deisenhofer

Address, 1806 Eastern Ave.

Remarks, 8930000367

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 14,545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* ——
3. *Date of Birth,* 21 of Jan 1893
4. *Place of Birth, (Street and Number)* 1502 West Baltimore St
5. *Full Name of Mother,* Georgianna Berry
6. *Mother's Maiden Name,* Gratt
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Edward E Berry
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, M. H. Kelly

Address, 1009 West Lexington St

Remarks, 8930000368

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 40426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, January 21st 1893.

4. Place of Birth, (Street and Number) 1211 N. Madison St.

5. Full Name of Mother, Sofia Becker

6. Mother's Maiden Name, Holz.

7. Mother's Birthplace, Hessen Darmstadt

8. Full Name of Father, Henry Becker

9. Father's Occupation Shoemaker

10. Father's Birthplace, Hessendarmstadt

Name of Medical Attendant, or other person who makes this Return, Louis Leidner

Address, 1211 N. Madison St.

Remarks, 8930000369

Wm. J. C. Dulany Co., City Printers and Stationers.

Births and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

14077

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex.* (state whether male or female)	Female
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth.*	Jan 2 1893
4. *Place of Birth.* (Street and Number)	507 N Schroeder St
5. *Full Name of Mother.*	Mrs Annie Newcomer Bricker
6. *Mother's Maiden Name.*	Da
7. *Mother's Birthplace.*	Wm P. Newcomer (now deceased)
8. *Full Name of Father.*	Floor Inspector
9. *Father's Occupation.*	City
10. *Father's Birthplace.*	Balto Md
Name of Medical Attendant, or other Person who makes this Return	1001 Ed. ave.
Address.	
Remarks.	

8930000370

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

45728.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 21st 1893
4. Place of Birth, (Street and Number) 1512 Windsor Ave
5. Full Name of Mother, Emma Burke
6. Mother's Maiden Name, Emma Kafka
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Jas Burke
9. Father's Occupation, Carpenter
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. J. E. Grimm M.D.

Address,

Remarks,

8930000371

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

45459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan. 21 — 1893
4. *Place of Birth, (Street and Number)*	1428 Ulrich Alley
5. *Full Name of Mother,*	Lizzie Goetz
6. *Mother's Maiden Name,*	Hilkins
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Goetz
9. *Father's Occupation*	Packer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who made this Return	Mary Stein
Address,	1427 E. Pratt St.
Remarks,	8930000372

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 145430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 22, 1893.
4. *Place of Birth, (Street and Number)*	539 Aisquith ave.
5. *Full Name of Mother,*	Effie May Machin.
6. *Mother's Maiden Name,*	Price.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Joseph G. Machin.
9. *Father's Occupation*	Mill operative.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chadwick ave.
Remarks,	

8930000373

Sec. 5 to set forth as far as the same can be ascertained the full name of each child, if any, that may have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 Jan 1893
4. *Place of Birth, (Street and Number)* 1016 Clifton Place
5. *Full Name of Mother,* Clementine Kanter
6. *Mother's Maiden Name,* Cook
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Kanter
9. *Father's Occupation* Produce Merchant
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulbig

Address, 1302 E. Lexington st

Remarks, 8930000374

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

40437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 22nd 1893
4. Place of Birth, (Street and Number) 11th H. # 316. Balto. Md
5. Full Name of Mother, Susan B. Morning
6. Mother's Maiden Name, " Thornton
7. Mother's Birthplace, Va.
8. Full Name of Father, Wm. Morning
9. Father's Occupation, Com. Mer.
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. H. G. Prentiss, M.D.

Address, 819 Gorsuch Ave. Balto. Md

Remarks.

1893 00 0375

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 47433.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 22d January 1899
4. Place of Birth, (Street and Number) 1357 Hull St Locust Point
5. Full Name of Mother, Sarah Ann Jones
6. Mother's Maiden Name, Sarah Ann Saltman
7. Mother's Birthplace, Gellican Wales
8. Full Name of Father, John Jones
9. Father's Occupation, Tinmaker
10. Father's Birthplace, ~~Pontat~~ Pontardowe Wales

Name of Medical Attendant, or other person who makes this Return. Lina Müller

Address, 1402 Towson St Locust Point

Remarks,

8 9 3 0 0 0 0 3 7 6

Wm J C. Dulany Co., City Printers and Stationers.

All certificates shall state the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month by the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 45242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Ch.
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Color
3. *Date of Birth,*	22th Jaury
4. *Place of Birth, (Street and Number)*	Baltimore 932 Duill illar
5. *Full Name of Mother,*	Thara Regina Thomas
6. *Mother's Maiden Name,*	Miss Kirby
7. *Mother's Birthplace,*	Marlad
8. *Full Name of Father,*	James h Thomas
9. *Father's Occupation,*	Laber
10. *Father's Birthplace,*	Saint Mary sy
Name of Medical Attendant, or other person who makes this Return.	Rose harris
Address,	818 Stockharlton St
Remarks,	8930000377

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BALTZ & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 45435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Whyte
3. Date of Birth, 22 Jan
4. Place of Birth, (Street and Number) 715 S. Wolfe street
5. Full Name of Mother, Diene Rifkin
6. Mother's Maiden Name, Diene Seggraman
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernhard Rifkin
9. Father's Occupation, Salor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Schuman

Address, 409 S. Bond st

Remarks, 8930000378

herein conferred to sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

45466.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. First Street Hampden Balt City
4. Place of Birth, (Street and Number) January 22 1893
5. Full Name of Mother, arah Ruby
6. Mother's Maiden Name, Jett
7. Mother's Birthplace, Spots Virginia
8. Full Name of Father, George W Ruby
9. Father's Occupation, Clerk for george P Evans
10. Father's Birthplace, Balt City Md

Name of Medical Attendant, or other person who makes this Return, Mary a Martin

Address, 2804 2804 Cedar avenue

Remarks, Balto City 379

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 Jan. 1893
4. *Place of Birth, (Street and Number)* 14 E Exeter st
5. *Full Name of Mother,* Amaranda Rose
6. *Mother's Maiden Name,* " Stevens
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm. Rose
9. *Father's Occupation* ~~Painter~~ Painter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Wberg

Address, 1302 E. Lexington st

Remarks, 1893 00 00 380

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 145438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 22 1893
4. Place of Birth, (Street and Number) 1714 Bolton St. Canton
5. Full Name of Mother, Agnes Reth
6. Mother's Maiden Name, Franke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Reth
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Steiner

Address, 1427 E. Fratt St.

Remarks, 8930000381

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

A 45439

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 23d. 93.
4. Place of Birth, (Street and Number) 25. S. Register ste.
5. Full Name of Mother, Susana Fritz
6. Mother's Maiden Name, Heil
7. Mother's Birthplace, Balto.
8. Full Name of Father, Conrad Fritz
9. Father's Occupation Printer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1806 Eastern Ave.

Remarks,

1893000382

been registered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

45440.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girls
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 23th. 93.
4. Place of Birth, (Street and Number) 1927 Eastern Ave.
5. Full Name of Mother, Mary E. Stock
6. Mother's Maiden Name, " " Crisp
7. Mother's Birthplace, Balto.
8. Full Name of Father, J. B. Stock
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1106 Eastern Ave.

Remarks, 1 8 9 3 0 0 0 0 3 8 3

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

GIVEN NAME ADDED 11-9-56

4574-1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bertha Pearl Mansdorfer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Jan 23 1893
4. *Place of Birth, (Street and Number)*	1533 Fulton Ave
5. *Full Name of Mother,*	Delilah Mansdorfer
6. *Mother's Maiden Name,*	Cromer
7. *Mother's Birthplace,*	Penna
8. *Full Name of Father,*	George Mansdorfer
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Chas E Sadler M.D.
Address,	
Remarks,	

8930000384

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULLARD CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-14-55

RETURN OF A BIRTH. A 145447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Martha Albertina ~~Louise~~ Hasse

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 23 January - 1893

4. Place of Birth, (Street and Number) 2417 Fortieth

5. Full Name of Mother, Alwina Lill

6. Mother's Maiden Name, Hasse

7. Mother's Birthplace, Germany

8. Full Name of Father, Herman Hasse

9. Father's Occupation Labrer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. H. P. Leerssemann

Address, 1225 Hope street

Remarks, 6 9 3 0 0 0 0 3 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-29-56

RETURN OF A BIRTH.

145443.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Edward Henthorn 3d,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d,

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, January 23d, 1893
4. Place of Birth, (Street and Number) N 1233 W. Cross St.,
5. Full Name of Mother, Sarah Henthorn,
6. Mother's Maiden Name, Walters,
7. Mother's Birthplace, Balto. City,
8. Full Name of Father, James Henry Henthorn,
9. Father's Occupation, Machinist,
10. Father's Birthplace, Balto. City,

Name of Medical Attendant, or other person who makes this Return. David E. Eberdiezn.

Address, No. 721 Columbia Ave,

Remarks, 8930000386

FEB 88

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 145444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 23 Jan
4. Place of Birth, (Street and Number) 810 Hartford Ave
5. Full Name of Mother, Mary McGuire
6. Mother's Maiden Name, Mary Harmon
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John J. McGuire
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Pink midwife.

Address, No 516 N. Wright St.

Remarks,

8930000387

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 January
4. Place of Birth, (Street and Number) 1907 Hare street
5. Full Name of Mother, Jadwiga Fritschak Karwatka
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Fritschak
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mrs. P. Fuersmann

Address, 125 Hare street

Remarks, 8930000388

The Physician, Midwife or other person who shall neglect or refuse to make a full return of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 45745.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 ~~Feb~~ Jan
4. *Place of Birth, (Street and Number)* 1207 Gough st
5. *Full Name of Mother,* Nella Gill
6. *Mother's Maiden Name,* Nella Enallen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Walter Gill
9. *Father's Occupation,* Malt House
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Schumann

Address, 409 S. Bond st

Remarks, 8930000389

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the Commissioner of Health of Baltimore City to furnish by the Commissioner of Health of Baltimore City to furnish by the Commissioner of Health of Baltimore City to furnish by the Commissioner of

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. #5246.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 January
4. *Place of Birth, (Street and Number)* 1218 Hare street
5. *Full Name of Mother,* Louise Heggmeier
6. *Mother's Maiden Name,* Du Bau
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Heggmeier
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Liebermann

Address, 1225 Hare street.

Remarks, 8930000390

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 45447.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 23 1892
4. *Place of Birth, (Street and Number)*	423 Courtland st
5. *Full Name of Mother,*	Lidia Moseley
6. *Mother's Maiden Name,*	Reid
7. *Mother's Birthplace,*	Illinois
8. *Full Name of Father,*	Geo. Moseley
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Dr. O. Billingslea
Address,	1206 E. Preston St
Remarks,	8930000391

Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

452448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. ~~Dec~~ 1893 Feb. 10th 1893
4. Place of Birth, (Street and Number) 555 W. Gay st
5. Full Name of Mother, ~~Sallie~~ Stankadi Sarah Goldie Wolf Steinbach
6. Mother's Maiden Name, ~~Stankadi~~ Sarah Goldie Wolfe
7. Mother's Birthplace, Russia
8. Full Name of Father, ~~Abe~~ Steinbach Abraham N. Steinbach
9. Father's Occupation ~~Tailor~~ Teacher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Weig

Address, 1302 E Lexington st

Remarks, Correcting in ordering words according to the sworn statement of the parents Reuben Steinbach

C Hampson Jones
Com of Health 1.28.31

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

H52449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* Jan. 24th 1893
4. *Place of Birth, (Street and Number)* Md. Lying-in Hosp.
5. *Full Name of Mother,* Minty Shields
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. J. D. Grace M.D. Physician & Surgeon

Address,

Remarks,

been entered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8930000393

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

E. 45450.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1.	*Sex (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	January 26 1893
4.	*Place of Birth, (Street and Number)*	West x Light Sts.
5.	*Full Name of Mother,*	Wilhemina Geary
6.	*Mother's Maiden Name,*	Lewis
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Joseph L. Geary
9.	*Father's Occupation,*	Hardware
10.	*Father's Birthplace,*	Baltimore Md
	Name of Medical Attendant, or other person who makes this Return,	Theodore Cook Asst.
	Address,	914 N. Charles St. City
	Remarks,	8930000394

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

45451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored.
3. *Date of Birth,* Jan. 24th 1893
4. *Place of Birth, (Street and Number)* 807 Raborg st.
5. *Full Name of Mother,* Rachael Dorsey.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. C. N. Lawson M.d.

Address, 622 N. Lombard st.

Remarks,

8930000395

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

189

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan - 21 - 1893
4. Place of Birth, (Street and Number) 623 N. Wolfe st.
5. Full Name of Mother, Fannie McGuire
6. Mother's Maiden Name, Dwyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry McGuire
9. Father's Occupation,
10. Father's Birthplace, Dorchester Co. Md.

Name of Medical Attendant, or other person who makes this Return, Theodore Conte M.D.

Address, 914 N. Charles st.

Remarks,

8930000396

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month; and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Jan. 24th. 1893.
4. Place of Birth, (Street and Number) 622 N. Lombard st
5. Full Name of Mother, Annie Clark.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return L L Eley M D

Address, 622 N. Lombard st

Remarks,

8930000397

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 152,574

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, January 24th, 1897
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Hattie Brown
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. L. Elie M. D.

Address, 622 N. Lombard st

Remarks,

8930000398

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 1.5.45.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 11th

1. *Sex.* (*state whether male or female*) Female
2. *Race or Color.* (*if not of the white race*) White
3. *Date of Birth.* Jan 24/93.
4. *Place of Birth.* (*Street and Number*) 812 Harlem Ave
5. *Full Name of Mother.* Johanna Connolly
6. *Mother's Maiden Name.* White
7. *Mother's Birthplace.* Ireland
8. *Full Name of Father.* James F. Connolly
9. *Father's Occupation.* Ex Plumber
10. *Father's Birthplace.* City

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

8930000399

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 45457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 26 th 1893
4. *Place of Birth, (Street and Number)* 847 Wilt
5. *Full Name of Mother,* Lizzie Walter
6. *Mother's Maiden Name,* Lizzie Kelly
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Edward Walter
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs M Stoltz

Address, 122 Hamburg St.

Remarks,

8930000400

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 45456.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 22nd 1892.
4. *Place of Birth, (Street and Number)* 1071 & H Lombard St.
5. *Full Name of Mother,* Kate Frantzbach
6. *Mother's Maiden Name,* Dautch.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* William Frantzbach
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Hulbert Saxon

Name of Medical Attendant, or other person who makes this Return. Annie Linder

Address, 1071 E Monroe St

Remarks, 8930000401

Health. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

45458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 25th 1893
4. Place of Birth, (Street and Number) 1900 Frederick Street
5. Full Name of Mother, Catharine E. Ettridge
6. Mother's Maiden Name, " " Hobart
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Patrick Ettridge
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Anne E. Whitefordwood

Address, 89 Virginia Street

Remarks: This child died 2½ hours after Birth asphyxiated

1893 0000402

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 45459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan 26, 1893
4.	*Place of Birth, (Street and Number)*	1336 N. Washington St
5.	*Full Name of Mother,*	Addie L. ~~Edwards~~ Richardson
6.	*Mother's Maiden Name,*	Addie L. Edwards
7.	*Mother's Birthplace,*	Balto. County, Md.
8.	*Full Name of Father,*	Chas. A. Richardson
9.	*Father's Occupation,*	Boiler Maker
10.	*Father's Birthplace,*	Augusta Co. Virginia
	Name of Medical Attendant, or other person who makes this Return,	Wm. J. Watson M.D.
	Address,	1519 N. Broadway.
	Remarks,	8930000403

Penalty.—This schedule shall contain a list of the births which have occurred under his or her care during the month and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTING AND STATIONERS

RETURN OF A BIRTH

45460.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 25. 1873
4. *Place of Birth, (Street and Number)*	1409 W. Lombard st.
5. *Full Name of Mother,*	Annie L. Rice
6. *Mother's Maiden Name,*	Seidenstricker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	M. F. B. Rice
9. *Father's Occupation,*	Clergyman
10. *Father's Birthplace,*	Fred'k Co. Md
Name of Medical Attendant, or other person who makes this Return.	Wm. Hood M.D.
Address,	1312 Harlem Ave.
Remarks,	Fin later

1893 0 0 0 0 4 0 4

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

4521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 25 - 93
4. *Place of Birth, (Street and Number)*	134 N. Washington
5. *Full Name of Mother,*	Emma E. Lynch
6. *Mother's Maiden Name,*	" " Baker
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Thomas H. E. Lynch
9. *Father's Occupation*	Telephone Inspector
10. *Father's Birthplace.*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Marcell
Address,	911 McDonough St
Remarks,	8930000405

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 40167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth. Jan. 25th 93.
4. Place of Birth, (Street and Number) 211 N. Eamon ste.
5. Full Name of Mother, Rose Moore
6. Mother's Maiden Name, " Davis
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, J. W. Moore
9. Father's Occupation Machinist
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 1816 Eastern Ave

Remarks. 8930000406

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 14524/63.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Jan. 25th 1893.
4. *Place of Birth, (Street and Number)* 622 N. Lombard St.
5. *Full Name of Mother,* Caroline Moline
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. L L Eley M. D.

Address, 622 N. Lombard St.

Remarks,

18930000407

month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

Name: Catharine Junghanet

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 111

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 25th 98.
4. Place of Birth, (Street and Number) 234 S. Register ste.
5. Full Name of Mother, Kathie Junghoerner
6. Mother's Maiden Name, " Dihen
7. Mother's Birthplace, Germany
8. Full Name of Father, Oskar Junghoerner
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 1826 Eastern Ave.

Remarks, 1 8 9 3 0 0 0 0 4 0 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

43760.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Jan. 25th 1893
4. Place of Birth, (Street and Number)	622 N. Longland St.
5. Full Name of Mother,	Hannah Atkinson
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	L L Eley M. D.
Address,	622 N. Longland St.
Remarks,	

8930000409

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 45466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 25 1893
4. *Place of Birth, (Street and Number)*	1607 Light
5. *Full Name of Mother,*	M. A. Lowery
6. *Mother's Maiden Name,*	M. A. Powers
7. *Mother's Birthplace,*	Frederick Co Md
8. *Full Name of Father,*	Chas M Lowery
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Washington Co Md
Name of Medical Attendant, or other person who makes this Return,	B. P. Phillips
Address,	753 W. Lexington
Remarks,	

8930000410

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 15766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth. 25 of Jan 1893

4. Place of Birth, (Street and Number) 2-21 N Broadway

5. Full Name of Mother, Catherine Mahe

6. Mother's Maiden Name, Teale

7. Mother's Birthplace. Balto Md

8. Full Name of Father, George H Mahe

9. Father's Occupation Lab Balto Balto

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, M J Davenport

Address. 2024 E Pratt St

Remarks. doing Well

8930000411

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. A 43407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex; color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 26th 1893.
4. *Place of Birth, (Street and Number)*	1st W. of N. Bath St.
5. *Full Name of Mother,*	Elizabeth Thalheimer
6. *Mother's Maiden Name,*	" Minnig
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John L. Thalheimer
9. *Father's Occupation*	Collector.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Annie Leidner
Address,	1016 S. Eleventh
Remarks,	

6 9 3 0 0 0 0 4 1 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 162468

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	5 (Twin with Still Born)
1. *Sex.* (state whether male or female)	Male
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth.*	June 20, 93
4. *Place of Birth.* (Street and Number)	1204 Virginia Ave
5. *Full Name of Mother*	Mrs. David Newman
6. *Mother's Maiden Name.*	Early
7. *Mother's Birthplace.*	Md
8. *Full Name of Father.*	Mr E. Newman
9. *Father's Occupation.*	Glass Merchant
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return	A. F. Bell (M.D.)
Address,	1001 Eutaw
Remarks.	

... & CO. CITY PRINTERS AND STATIONERS

8930000413

RETURN OF A BIRTH. A 45469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 26th 93.
4. Place of Birth, (Street and Number) 420 S. Duncan Alley
5. Full Name of Mother, Margaretta Sullivan
6. Mother's Maiden Name, " Whalen
7. Mother's Birthplace, Balto.
8. Full Name of Father, Martin Sullivan
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Reisenhofer

Address, 1806 Eastern Ave.

Remarks,

8930000414

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

4/21/10.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 26th 1893
4. Place of Birth, (Street and Number) Bowlers Lane near Belair ave.
5. Full Name of Mother, Julia Bisco
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Bisco
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, No. 1720 N. Collington Ave City

Remarks, none

18930000415

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

1547

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 26th 98.
4. Place of Birth, (Street and Number) 407 S. Chester str.
5. Full Name of Mother, Mary Leimbach
6. Mother's Maiden Name, " Voltz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. Leimbach
9. Father's Occupation, Pinner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Desiembergs

Address, 186 Eastern Ave.

Remarks,

8930000416

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Jan. 26th 1893
4.	*Place of Birth, (Street and Number)*	433 - 24th St.
5.	*Full Name of Mother,*	Fannie A. Cain
6.	*Mother's Maiden Name,*	Fannie A. Reaver
7.	*Mother's Birthplace,*	Carroll Co. Md.
8.	*Full Name of Father,*	William H. Cain
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Balto. Co. Md.
	Name of Medical Attendant, or other person who makes this Return,	Geo. T. Shower, M.D.
	Address,	123 - 3d Ave. Woodberry, Balt.
	Remarks,	

8930000417

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Every midwife shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CERTIFICATE NOT REQUIRED 8-26-36

RETURN OF A BIRTH. A 15473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Mary Ernetta ~~———~~ Rubran 1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Jan. 26 - 1893
4. Place of Birth, (Street and Number)	122 S. Register St.
5. Full Name of Mother,	Henretta ~~Rubsan~~ Rubran
6. Mother's Maiden Name,	~~Beaker~~ Beale
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Ernest ~~Rubran~~ Rubran
9. Father's Occupation,	Baker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary Stein
Address,	1427 E. Pratt St.
Remarks,	

8930000418

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, January 27 1893.

4. Place of Birth, (Street and Number) 907 Park Ave.

5. Full Name of Mother, Sarah Fitchett.

6. Mother's Maiden Name, Sarah Billups.

7. Mother's Birthplace, Eastern Shore of Virginia.

8. Full Name of Father, Henry Marcus Fitchett.

9. Father's Occupation, Porter in jewelry store.

10. Father's Birthplace, Eastern Shore of Virginia.

Name of Medical Attendant, or other person who makes this Return, E. Carmichael

Address, 932 Madison Ave.

Remarks,

8930000419

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. ~~131 N. Front st~~ 27 Jan 1893
4. Place of Birth, (Street and Number) 131 N. Front st
5. Full Name of Mother, Carrie Collins
6. Mother's Maiden Name, " Knowles
7. Mother's Birthplace, Balto
8. Full Name of Father, Simon Collins
9. Father's Occupation ~~Shot~~ Shot. Dropper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Ina Rose Ulbrig

Address, 1362 E. Lexington st

Remarks,

1893 00000420

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 45476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 27 - 23

4. Place of Birth, (Street and Number) 2310 Fairmount Ave

5. Full Name of Mother, Sarah F Sanders Lay

6. Mother's Maiden Name, " " Shipe

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles F Sanders Lay

9. Father's Occupation Salesman

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Mrs Mary O. Adams

Address, 92 W Lanvale St

Remarks,

8 9 3 0 0 0 0 0 4 2 1

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 27th. 98.
4. Place of Birth, (Street and Number) 2231. Eastern Ave.
5. Full Name of Mother, Emma Scheck
6. Mother's Maiden Name, " Schäfer
7. Mother's Birthplace, California
8. Full Name of Father, Frank Scheck
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1806 Eastern Ave.

Remarks,

8930000422

Wm. J. C. Dulany Co., City Printers and Stationers

CERTIFICATE CORRECTED 2-21-58

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Elizabeth Virginia Schaefer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 27. 1903
4. Place of Birth, (Street and Number)	93. Park ave.
5. Full Name of Mother,	Cora J. ~~Schaffer~~ Schaefer
6. Mother's Maiden Name,	E. Judd.
7. Mother's Birthplace,	New Britton Ct.
8. Full Name of Father,	Sr. John ~~Schaeffer~~ Schaefer
9. Father's Occupation,	Merchant Taylor
10. Father's Birthplace,	Baltimore, Md.
Name of Medical Attendant,	Alfred Krauskopf M.D.
Address,	809 Cathedral St.
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether till-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

893 0000423

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	Jan 27th 93
4. *Place of Birth, (Street and Number)*	1423 Pennsylvania Ave
5. *Full Name of Mother.*	Mary Gilbert
6. *Mother's Maiden Name.*	" Smithson
7. *Mother's Birthplace.*	City
8. *Full Name of Father.*	Roberts
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace*	City
Name of Medical Attendant, or other Person who makes this Return	J. P. Hill M.D.
Address,	1001 Edmondson
Remarks.	

8 9 3 0 0 0 0 4 2 4

CERTIFICATE AMENDED 1-26-65

GIVEN NAME ADDED 8-21-56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Dara Ellen ~~Goldberg~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 Jun 1893
4. Place of Birth, (Street and Number) 1249 E Lexington St
5. Full Name of Mother, M. ~~Riley~~ ~~Goldenberg~~ Goldberg
6. Mother's Maiden Name, ~~Horich~~ CORACH
7. Mother's Birthplace, ~~Germany~~ Russia
8. Full Name of Father, Meyer ~~Goldenberg~~ Goldberg
9. Father's Occupation Tailor
10. Father's Birthplace, ~~Germany~~ Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Rae Ullery

Address, 1302 E Lexington st

Remarks,

8930000425

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 28 03

4. Place of Birth, (Street and Number) 1120 N Duncan Alley

5. Full Name of Mother, Sophia Young

6. Mother's Maiden Name, Walter

7. Mother's Birthplace, Germany

8. Full Name of Father, Michael Young

9. Father's Occupation Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary C. Allen

Address, 90 McDonough St

Remarks, 8930000426

Wm. J. C. Dulany Co., City Printers and Stationers.

The Board of Health of Baltimore City requires the return of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 28 - 93
4. *Place of Birth, (Street and Number)*	1500 Oliver St
5. *Full Name of Mother,*	Lottie M. Cole
6. *Mother's Maiden Name,*	" Steward
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Charles E. Cole
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwood
Address,	91 McKenney Ave
Remarks,	

8930000427

Wm. J. C. Dulany Co., City Printers and Stationers.

A 1548

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 28
4. Place of Birth, (Street and Number) 845 Woodward St
5. Full Name of Mother, Augusta Krouse
6. Mother's Maiden Name, Augusta Stocking
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Krouse
9. Father's Occupation, Cabinet-maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wellington Alpers

Address, 64 Park Place

Remarks,

8930000428

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 10683

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth, January 28th 1893.
4. Place of Birth, (Street and Number) 1104 Laurel St Balto. Md.
5. Full Name of Mother, Rebecca Dessau
6. Mother's Maiden Name, Wolf.
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Dessau
9. Father's Occupation, Tailor
10. Father's Birthplace, Ellwick Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Jennie Myers.

Address, No 223 Clay St Balto md.

Remarks, 18930-000429

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

E - 1152 84.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth. Jan. 28th. 93.
4. Place of Birth, (Street and Number) 6 N. Bradford Str.
5. Full Name of Mother. Mary ~~Pat~~ Fischer
6. Mother's Maiden Name. " Carfield
7. Mother's Birthplace. Ireland
8. Full Name of Father. Chas. Fisher
9. Father's Occupation. Laborer
10. Father's Birthplace. Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Heisenhofer

Address. 1806 Eastern Ave

Remarks.

1 8 9 3 0 0 0 0 4 3 0

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 45481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January the 26 1893
4. *Place of Birth, (Street and Number)*	Eagle St N 1811
5. *Full Name of Mother,*	Emma C miller
6. *Mother's Maiden Name,*	Emma C gilspater
7. *Mother's Birthplace,*	germany
8. *Full Name of Father,*	James miller
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	germany
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	N 1122 Milton ave
Remarks,	

8930000431

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 1/54180.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* ~~26th~~ 25 Jan 1893
4. *Place of Birth, (Street and Number)* 2666 Eastern Ave
5. *Full Name of Mother,* Mary Kalb
6. *Mother's Maiden Name,* " Horgan
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Kalb
9. *Father's Occupation,* Soap Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Illing

Address, 1301 E Lexington st

Remarks,

8 9 3 0 0 0 0 4 3 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 45787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 28, 1893.
4. Place of Birth, (Street and Number) 257 Chestnut ave.
5. Full Name of Mother, Caroline Snouffer.
6. Mother's Maiden Name, Grimmaud or Guiman
7. Mother's Birthplace, Md.
8. Full Name of Father, Richard Thomas Snouffer.
9. Father's Occupation Cooper.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 3 0 0 0 0 4 3 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth. 22 January
4. Place of Birth, (Street and Number) 3060 Boston street
5. Full Name of Mother, Josie Jaworski
6. Mother's Maiden Name, Kobelak
7. Mother's Birthplace, Germany
8. Full Name of Father, Ignatz Jaworski
9. Father's Occupation Tabor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Wm. P. Tiersemann

Address, 1225 Hare street

Remarks, 8930000434

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, January 28th 1873.

4. Place of Birth, (Street and Number) Hanover street

5. Full Name of Mother, Ida Price

6. Mother's Maiden Name, Ida

7. Mother's Birthplace, Calvert County

8. Full Name of Father, Mathews Price

9. Father's Occupation, Labor

10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return, Mrs. Dealia Howard.

Address, # 1013 N Chapel st

Remarks, —" —" —" —" —" —"

8930000435

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 45489

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd child.
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	White.
3.	*Date of Birth,*	28th of January 1893
4.	*Place of Birth, (Street and Number)*	Baltimore, 2206 Essex st
5.	*Full Name of Mother,*	Minnie Keifner.
6.	*Mother's Maiden Name,*	Minnie Regner.
7.	*Mother's Birthplace,*	Baltimore.
8.	*Full Name of Father,*	Frank Keifner
9.	*Father's Occupation,*	Sash maker.
10.	*Father's Birthplace,*	Baltimore.
	Name of Medical Attendant, or other person who makes this Return,	Mrs Taylor.
	Address,	#615 S. Patterson Pk. Ave.
	Remarks,	

8930000436

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS.

E 45490

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 29th 1853
4. *Place of Birth, (Street and Number)* # 820 Common st
5. *Full Name of Mother,* Amelia Williams
6. *Mother's Maiden Name,* " Layton
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* Edward Williams
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* New Jersey

Name of Medical Attendant, or other person who makes this Return. W. H. Schwatka M.D.

Address, # 2425 Lancaster st

Remarks,

8930000437

The Health Commissioner shall obtain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 45491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	January 28
4. Place of Birth, (Street and Number)	1110 D Haubert St
5. Full Name of Mother,	Mrs Thomas Gaddin
6. Mother's Maiden Name,	Henora Gurkin
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Thos Gaddin
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann O'Connor
Address,	1112 Haubert St
Remarks,	

8930000438

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 23 January

4. *Place of Birth, (Street and Number)* 3926 Elliot

5. *Full Name of Mother,* Mary Hasse

6. *Mother's Maiden Name,* Gerhart

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph Hasse

9. *Father's Occupation* Baker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss S. Siesemann

Address, 1225 Hanover street

Remarks, 18930000439

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45497.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Jan. 28th 93.
4. Place of Birth, (Street and Number) Md. Lying-in Hosp.
5. Full Name of Mother, Sda Taylor
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas Rumm
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H. Broach M.D. Capn & Wilcox

Address,

Remarks, 1 8 9 3 0 0 0 0 4 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...ncerned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and it shall be the duty of the person or parents, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

1/5449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 28 1893
4. Place of Birth, (Street and Number) S. Ann St.
5. Full Name of Mother, Annie Kate Nelsen
6. Mother's Maiden Name, Lade
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Nelsen
9. Father's Occupation Fire-Man
10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

8930000441

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 115491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 child
1. *Sex, (state whether male or female)*	colored - male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 29
4. *Place of Birth, (Street and Number)*	Greenmillon St - #605
5. *Full Name of Mother,*	Lucy Burse
6. *Mother's Maiden Name,*	Lucy Beverly
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	James D. Burse
9. *Father's Occupation*	Drayman
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return,	Selestin Cook
Address,	744 Bradley St
Remarks,	

8930000442

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8930000443

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

D - 15290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 29th 1913.
4. *Place of Birth, (Street and Number)* 1711 S. Caroline St.
5. *Full Name of Mother,* Mary C. Miller
6. *Mother's Maiden Name,* " E. Hirst.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry H. Miller
9. *Father's Occupation* Miller
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Clarence Leister

Address, 1711 S. Caroline St.

Remarks,

8 9 3 0 0 0 0 4 4 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40961/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* 29. January
4. *Place of Birth, (Street and Number)* 1245. Hare Street
5. *Full Name of Mother,* Lina Kowalewski
6. *Mother's Maiden Name,* Mysinski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Lorenz Kowalewski
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return ..... Mrs. L. Kowalewski

Address, 1245 Hare Street.

Remarks, ...

8930000445

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 45497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 29 93
4. Place of Birth, (Street and Number) 2045 Druid Ave.
5. Full Name of Mother, Annie Lucy Hartman
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Gettysburg Pa.
8. Full Name of Father, Chas. Edmund Hartman
9. Father's Occupation Liquor dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. F. Christian M.D.

Address,

Remarks,

8 9 3 0 0 0 0 4 4 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1547 98

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 29th 1893
4. Place of Birth, (Street and Number) 606 Lexington St
5. Full Name of Mother, Lillie M. Ott
6. Mother's Maiden Name, Lillie M. Hilz
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Charles Ott
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, F. Barlow, M.D.

Address, 700 S. Broadway

Remarks, B 8 3 0 0 8 4 4 7.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 145499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29 93
4. Place of Birth, (Street and Number) 243 Penna. Ave.
5. Full Name of Mother, Emma Lorena Feher
6. Mother's Maiden Name, Lalone.
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas. A. Feher
9. Father's Occupation Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. F. Christian M.D.

Address,

Remarks,

8 9 3 0 0 0 0 4 4 8

Wm. J. C. Dulany Co., City Printers and Stationers

...be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

45500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan 29/93
4.	*Place of Birth, (Street and Number)*	400 N. Calvert st
5.	*Full Name of Mother,*	Bella Gallagher
6.	*Mother's Maiden Name,*	Bella Cunningham
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Leo Gallagher
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	J. C. Bamm, M.D.
	Address,	College of Physicians & Surgeons Baltimore
	Remarks,	

8930000449

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 45501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 29. 1893
4. *Place of Birth, (Street and Number)* Baltimore No 432 Henrietta St.
5. *Full Name of Mother,* Harriet Gray
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Kent Island
8. *Full Name of Father,* Robert Gray
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Kent Island

Name of Medical Attendant, or other person who makes this Return, Sarah Hooper

Address, No 616. Burgundy Alley

Remarks,

8930006450

KODAK SAFETY FILM

F 2531

GIVEN NAME ADDED 2-18-57

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Virginia ~~Virginia~~ Steffe

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 29th 1893
4. Place of Birth, (Street and Number) No 129 Millington Ave
5. Full Name of Mother, May Steff
6. Mother's Maiden Name, May Coblin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Steffe
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18930000451

Wm J C Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-26-60

45503.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Lydia ——— Steffe

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 30th 1893
4. Place of Birth, (Street and Number) No: 131 Millington Ave
5. Full Name of Mother, Lillie Steffe
6. Mother's Maiden Name, Lillie Andrews
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Steffe
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8930000452

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45304

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 30th 1893
4. Place of Birth, (Street and Number) 1030 McCulloh St.
5. Full Name of Mother, Mary Schreck
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. F. B. Marden M. D.

Address, 1030 McCulloh St.

Remarks, Confinement all right. Mother and child living, 3 ~~and 5~~ 4 5 well.

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered in the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4505.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	January 3d 1893
4.	*Place of Birth, (Street and Number)*	1021 Johnson st.
5.	*Full Name of Mother,*	Kate Cody
6.	*Mother's Maiden Name,*	" Concannon
7.	*Mother's Birthplace,*	Baltimore md.
8.	*Full Name of Father,*	John Cody
9.	*Father's Occupation,*	Engineer
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	J. Coyle M.D.
	Address,	910 N. Charles st.
	Remarks,	Balt. md.

8930000454

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. To case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1893

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

1306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth, (m. ~~f. 6~~ 30 9*
4. *Place of Birth, (Street and Number)* 605 N. Fremont Ave.
5. *Full Name of Mother,* Annie M. Walker
6. *Mother's Maiden Name,* " " Kearns
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Chas F. Walker
9. *Father's Occupation,* Pattern Maker
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. John S. Stuck

Address, 64 W Lexington Ave

Remarks, 271

8930000455

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Jan. 30th 1893
4. Place of Birth, (Street and Number) 1068 Raborg St.
5. Full Name of Mother, Annie Starks
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. M. Lawson M.D.

Address, 622 W. Lombard St.

Remarks,

8930000456

J. C. BALTZ & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 14508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born Jany 30th 1893
4. *Place of Birth, (Street and Number)* # 401 Gmellwood Str
5. *Full Name of Mother,* Mrs Nettie Mounzert
6. *Mother's Maiden Name,* Miss " Meiller
7. *Mother's Birthplace,* Bazern Germany
8. *Full Name of Father,* George Mounzert
9. *Father's Occupation* Grocer Store
10. *Father's Birthplace,* Bazern Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Meiller

Address, 227 W Pratt Str

Remarks,

8930000457

The name of the child to be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* January 30 - 93
4. *Place of Birth, (Street and Number)* 113 ½ Hanbal st
5. *Full Name of Mother* Kate Flynn
6. *Mother's Maiden Name* Kate McKeley
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Roman Flynn
9. *Father's Occupation* Saloon keeper
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. L L Riley M.D

Address 324 N Leavey St

Remarks _____

8930000458

RETURN OF A BIRTH.

A 45510

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Every Physician, Midwife, Nurse or other person having charge of or rendering assistance at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Negro.
3. Date of Birth	Dec. 30. 1893.
4. Place of Birth (Street and Number)	933 Woodyear St.
5. Full Name of Mother	Florence Lomack
6. Mother's Maiden Name	" Lee
7. Mother's Birthplace	Prince George's Co.
8. Full Name of Father	John Lomack
9. Father's Occupation	Laborer in Plumbing Shop.
10. Father's Birthplace	Anne Arundel Co.
Name of Medical Attendant, or other Person who makes this Return.	E. H. Holbrook, M.D.
Address	714 N. Carey St.
Remarks	

18930000459

RETURN OF A BIRTH.

4531.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 30 / 1
4. *Place of Birth, (Street and Number)*	203 Bank st.
5. *Full Name of Mother,*	Barbara Connelly
6. *Mother's Maiden Name,*	Barbara Welsh
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Connelly
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mary A. Pertner
Address,	241 S. Chester
Remarks,	

1 8 9 3 0 0 0 0 4 6 0

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* January 11 91
4. *Place of Birth, (Street and Number)* Eutaw st 823
5. *Full Name of Mother,* Sarah Cobler
6. *Mother's Maiden Name,* Sarah gurtus
7. *Mother's Birthplace,* Seamack County via
8. *Full Name of Father,* Willaim gurtus
9. *Father's Occupation,* Labur
10. *Father's Birthplace,* Seamac County via

Name of Medical Attendant, or other person who makes this Return, Sarah S Wilson

Address, No 115 wet Hurey st

Remarks, full 9 months

8930000461

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Frank L. E. ~~Schmidt~~ (Smith)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 Jan
4. Place of Birth, (Street and Number) 417 Spring st
5. Full Name of Mother, Barbara Schmidt Schmidt
6. Mother's Maiden Name, Barbara Kaiser
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Schmit Schmidt
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Schuman

Address, 409 S Bond st

Remarks,

8930000462

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 31st 1893
4. Place of Birth, (Street and Number) No 540 Fulton Ave.
5. Full Name of Mother, Susie E Hutchinson
6. Mother's Maiden Name, Susie E Dean
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward W Hutchinson
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8930000463

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 31st. 93.
4. Place of Birth, (Street and Number) 2001 Canton Ave.
5. Full Name of Mother, Mary Connelley
6. Mother's Maiden Name, " Keneasey
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Connelley
9. Father's Occupation, Saloonkeeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Beisenhofer

Address, 1806 Eastern Ave.

Remarks,

8 9 3 0 0 0 0 4 6 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Jan 31 1893
4.	*Place of Birth, (Street and Number)*	2232 Guilford ave
5.	*Full Name of Mother,*	Ida L Ortinger
6.	*Mother's Maiden Name,*	" " Thomas
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Wm L Ortinger
9.	*Father's Occupation,*	Builder
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Theodore Cook M.D.
	Address,	914 N Charles St.
	Remarks,	

8930000465

A 4515

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH B 14536.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 31st 1893
4. *Place of Birth, (Street and Number)* # 2 Valley St. Bump Balto Md
5. *Full Name of Mother,* Mary J. Shaner
6. *Mother's Maiden Name,* " Kinkle
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Jos. W. Shaner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return. H. G. Prentiss. M.D.

Address, 819 Gorsuch Ave. Balto. Md

Remarks,

8930000466

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-23-57

RETURN OF A BIRTH A 4457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Irene Hazzard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan - 31 - 1893
4. Place of Birth, (Street and Number) 932 Ridgely st
5. Full Name of Mother, Elizabeth Hazzard
6. Mother's Maiden Name, Ward Shaw
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Otis Hazzard
9. Father's Occupation, Iron Worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Lorman M.D.

Address, 914 N Charles St

Remarks,

8930000467

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45578

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st. 2d. 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31st of Jan.

4. Place of Birth, (Street and Number) 2305 Pennsylvania Ave.

5. Full Name of Mother, Mary E. Pembroke.

6. Mother's Maiden Name, Mary Lyons

7. Mother's Birthplace, Killarney, Ireland.

8. Full Name of Father, Albert Henry Pembroke

9. Father's Occupation, Laborer

10. Father's Birthplace, Reading, England.

Name of Medical Attendant, or other person who makes this Return, E. R. Miller M. D.

Address, 2318 Druid Hill Ave

Remarks,

8930000468

Wm J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it further enacted, That the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 45579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th "

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 31st " 1913
4. Place of Birth, (Street and Number) 1721 Hope St "
5. Full Name of Mother, Louisa J. Johnson
6. Mother's Maiden Name, Louisa J. Pabst
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Francis M. Johnson
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. R. Stroman M.D.

Address, 1800 Aisquith St "

Remarks, 8930000469

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

H5519

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth. Jan 1th 1893
4. Place of Birth, (Street and Number) 209 N Duncum alley
5. Full Name of Mother, Barbara Kohlim
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Kohlim
9. Father's Occupation, Carpenter
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Allegra K Curtis

Address, 205 N Washington St

Remarks,

8 9 3 0 0 0 0 4 7 0

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth. Jan 1 th 1893
4. Place of Birth, (Street and Number) 835 Bethel St
5. Full Name of Mother, Rosie Siner
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joe Siner
9. Father's Occupation, Carpenter
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, 205 N Washington Ave

Remarks,

8930000471

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2 tw 1892 (made 1893)
4. Place of Birth, (Street and Number) 1724 Lancaster St.
5. Full Name of Mother, Maria Lenz
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Andie Lenz
9. Father's Occupation, Carpenter
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Thos F. Ellis

Address, 205 N Washington St.

Remarks,

8 9 3 0 0 0 0 0 4 7 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45574

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its Parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth. Jan 3 1893
4. Place of Birth, (Street and Number) 1829 Hemmeman Ave
5. Full Name of Mother, Mary Vitch
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Charles Vitch
9. Father's Occupation, Taylor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Boyles

Address, 205 N Washington St

Remarks,

8930000473

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4th 1893
4. Place of Birth, (Street and Number) 113 Tattersall Park Ave
5. Full Name of Mother, Annie Hoffman
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Benard Hoffman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Koplitz

Address, 205 N Washington St

Remarks,

8930000474

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 14574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4th 1893
4. Place of Birth, (Street and Number) 413 Gough St.
5. Full Name of Mother, Katie Gunter
6. Mother's Maiden Name, Gearner
7. Mother's Birthplace, Thomas Gunter
8. Full Name of Father, Carpenter
9. Father's Occupation, Canada
10. Father's Birthplace, Mary Koptis

Name of Medical Attendant, or other person who makes this Return.

Address, 205 N Washington St.

Remarks,

8930000475

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 14575

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4th 1893
4. Place of Birth, (Street and Number) 1922 Chase St
5. Full Name of Mother, Maggie Emkie
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Emkie
9. Father's Occupation, Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Henry Hopkins

Address, 205 N Washington St

Remarks,

8930000476

Wm J. C. Dulany Co., City Printers and Stationers.

Under such rules as may be prescribed by the Board of Health, the name of each child born alive in Baltimore, and also each child born dead after the fifth month of pregnancy, shall be registered as soon as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 11536.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 5 th 1893
4. Place of Birth, (Street and Number) 18 South Wolf St
5. Full Name of Mother, Mary Voith
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Antonia Voith
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary H. Fritis

Address, 205 N Washington St

Remarks,

8930000477

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40377

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 5th 1898
4. Place of Birth, (Street and Number) #13 N West st
5. Full Name of Mother, Annie Novak
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, John Novak
9. Father's Occupation, Carpenter
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, 205 N Washington St.

Remarks,

8 9 3 0 0 0 0 4 7 8

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 4538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 6 th 1893
4. Place of Birth, (Street and Number) 1917 Eager St
5. Full Name of Mother, Sophie Peres
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jacob Peres
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kortis

Address, 705 N Washington St

Remarks,

8930000479

The Physician, Midwife or other person who shall neglect to report the birth of any child, or shall knowingly make a false report of the particulars required by this section, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not less than ten dollars nor more than fifty dollars for each offence. It shall be the duty of the Physician, Midwife or other person who shall be in attendance upon the mother at the birth of any child, to ascertain the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) B

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 5th 1893
4. Place of Birth, (Street and Number) 956 Wolf St.
5. Full Name of Mother, Maria Bana
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Julian Bana
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Hoptis

Address, 905 N Washington St.

Remarks,

8930000480

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 5th 1893
4. Place of Birth, (Street and Number) Sarjes St No 431
5. Full Name of Mother, Sophia Noparotrha
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemya
8. Full Name of Father, Charles Voperthbrie
9. Father's Occupation, Taylor
10. Father's Birthplace, Boheamar

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, 205 N Washington Ave

Remarks,

8 9 3 0 0 0 0 4 8 1

Wm J C. Dulany Co., City Printers and Stationers.

A 45579

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 5th 1893
4. Place of Birth, (Street and Number) 232 N Burke St,
5. Full Name of Mother, Mary Leonard
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Thomas Leonard
9. Father's Occupation, Taylor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopits

Address, 205 N Washington Ave St

Remarks,

8930000482

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. H5330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 6th 1893
4. Place of Birth, (Street and Number) 523 N Castle St
5. Full Name of Mother, Katie Berounova
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Berounova
9. Father's Occupation, Carpenter
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Baxter

Address, 205 N Washington Ave

Remarks,

8930000483

Every child born within the city of Baltimore shall be registered as to the name (to be ascertained the first name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

45531.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 children
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 7 th
4. *Place of Birth, (Street and Number)*	1113 Parrish st.
5. *Full Name of Mother,*	Sarah Parker
6. *Mother's Maiden Name,*	Sarah Miller
7. *Mother's Birthplace,*	Calvert Co.
8. *Full Name of Father,*	Zachiah Parker
9. *Father's Occupation,*	Teamster.
10. *Father's Birthplace,*	Calvert Co.
Name of Medical Attendant, or other person who makes this Return,	Sarah Greene
Address,	1610 Vincent st City
Remarks,	

8930000484

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45537

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 7th 1893.
4. Place of Birth, (Street and Number) 229 Eastte St,
5. Full Name of Mother, Mary Rooney
6. Mother's, Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Edward Rooney,
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary E Knoptis

Address, 205 N Washington St

Remarks,

8930000485

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

145533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 7th 1893
4. Place of Birth, (Street and Number) 1014 Wilcox St.
5. Full Name of Mother, Mary Turek
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Turek
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Hospitals

Address, 205 N Washington Ave

Remarks,

8930000486

been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. #5533/4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 7th 1893
4. Place of Birth, (Street and Number) 209 N Washington St
5. Full Name of Mother, Annie Bachuda
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Bachuda
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this return, Allegany Hospital

Address, 205 N Washington St

Remarks,

8 9 3 0 0 0 0 4 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

B 45534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 9 1893
4. *Place of Birth, (Street and Number)* 252 Penna Ave
5. *Full Name of Mother,* Margaret Nelson
6. *Mother's Maiden Name,* Mary Garrett
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jno L Nelson
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return, A C Polk

Address, 2038 Madison Ave

Remarks, Colo

1893000048 8

Wm. J. C. Dulany Co., City Printers and Stationers

Notice, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 4th 1893
4. *Place of Birth, (Street and Number)*	108 N Chapel St.
5. *Full Name of Mother,*	Annie Kartusch
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	James Kartusch
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Boheimer
Name of Medical Attendant, or other person who makes this Return,	Mary Koplitz
Address,	205 N Washington St.
Remarks,	

8930000489

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45336.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara Anna Wittkopf

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 1893
4. *Place of Birth, (Street and Number)*	Clifton (Just)
5. *Full Name of Mother,*	Annie Catherine Wittkopf
6. *Mother's Maiden Name,*	Annie Catherine Drechsler
7. *Mother's Birthplace,*	Bath
8. *Full Name of Father,*	Otto Wilhelm Julius Selwig Wittkopf
9. *Father's Occupation*	Confectioner
10. *Father's Birthplace,*	Baden
Name of Medical Attendant, or other person who makes this Return	A. C. Polk
Address,	2031 Madison Ave
Remarks,	CERTIFICATE CORRECTED 4-3-52

8930000490

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

45537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 10 1943
4. *Place of Birth, (Street and Number)*	1110 Druid Park St
5. *Full Name of Mother,*	Catherine
6. *Mother's Maiden Name,*	Seifert
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Charles Henry Rosenbush
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	E. J. McGrayne M.D.
Address,	1114 Cherokee St
Remarks,	

8930000491

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 45538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 11th 1893
4. *Place of Birth, (Street and Number)*	142 Hill St
5. *Full Name of Mother,*	Hattie Perkins
6. *Mother's Maiden Name,*	Hattie Boardley
7. *Mother's Birthplace,*	Kent Island
8. *Full Name of Father,*	Albert Perkins
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Kent County
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary L Crawley
Address,	1035 S. Howard St.
Remarks,	

1893000492

The Physician, Midwife or other person who shall attend at the birth of any child, shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEE J. D. ELLAWY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 14539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th January 1893
4. Place of Birth, (Street and Number) 102 E Lombard St.
5. Full Name of Mother, Dora Herman
6. Mother's Maiden Name, Snider
7. Mother's Birthplace, Russia
8. Full Name of Father, Gerard Herman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. Schwarz

Address, 72 Albemarle St.

Remarks,

8930000493

Wm. J. C. Dulany Co., City Printers and Stationers

Every physician, midwife or other person who shall assist at the birth of any child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, he should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 45540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 January 1928
4. Place of Birth, (Street and Number) 1251 Low St
5. Full Name of Mother, Esther Shneiderman
6. Mother's Maiden Name, Chaney.
7. Mother's Birthplace, Russia
8. Full Name of Father, Leopold Shneiderman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Ellenberg

Address, 42 Baltimore St

Remarks,

8930000494

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

A 4541.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. 15 January 1833

4. Place of Birth, (Street and Number) 33 Albemarle St

5. Full Name of Mother, Mary Carroll

6. Mother's Maiden Name, Leadley

7. Mother's Birthplace, Petersburg Va.

8. Full Name of Father, Daniel Carroll

9. Father's Occupation Soldier

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. E. Dorsey

Address, Albemarle St.

Remarks.

6930000495

Wm. J. C. Dulany Co., City Printers and Stationers.

The same is to be as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as all other fines and forfeitures are recoverable

RETURN OF A BIRTH A 145347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 12 99
4. *Place of Birth, (Street and Number)* 1434 Pennsylvania Ave
5. *Full Name of Mother,* Sarah Jane Young
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* King & Queen Co Va
8. *Full Name of Father,* Samuel Murray
9. *Father's Occupation,* Public work
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Sara Kelly

Address, 1610 Vincent Street near Baker

Remarks,

8 9 3 0 0 0 0 4 9 6

Wm J C Dulany Co., City Printers and Stationers.

beep conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. *Sex,* (state whether male or female)	Female
2. *Race or Color.* (if not of the white race)	Colored
3. *Date of Birth.*	January 19th 98
4. *Place of Birth.* (Street and Number)	511 Monroe alley
5. *Full Name of Mother*	Ida Platt
6. *Mother's Maiden Name.*	Ida Williams
7. *Mother's Birthplace.*	Elliott City
8. *Full Name of Father.*	Samuel Platt
9. *Father's Occupation.*	Laborer
10. *Father's Birthplace.*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	J. Claire Willis
Address.	Womens Medical College Druidhill Ave & Hoffman Street
Remarks.	Normal Birth - Position L.I.O.A.

B 4337 43.

B 4337 43

0 0 3 3 0 0 0 4 9 7

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

HJSV3'V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th of January 1893
4. Place of Birth, (Street and Number) No. 127 Penna. Avenue.
5. Full Name of Mother, Martha Schmuff
6. Mother's Maiden Name, Martha Spirig
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Schmuff.
9. Father's Occupation, Baker.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8930000498

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Jan 21. 93
4. Place of Birth (Street and Number)	1927 Brunt pl
5. Full Name of Mother	Reba Russell
6. Mother's Maiden Name	Rosa Deales
7. Mother's Birthplace	Charleston S. C.
8. Full Name of Father	John Richard Russell
9. Father's Occupation	Porter
10. Father's Birthplace	Mecklenburg Co Va.
Name of Medical Attendant, or other Person who makes this Return.	H. Boyd Wylie M D
Address	619 N. Calhoun St Baltimore Md
Remarks	

8930000499

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

A 45.745.

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd January 1893.
4. Place of Birth, (Street and Number) 1629 E. Baltimore St.
5. Full Name of Mother, Laura Harris
6. Mother's Maiden Name, " Booker
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Harris
9. Father's Occupation, Cloak manufacturer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Ellegood M.D.

Address, 42 Baltimore St

Remarks,

8930000500

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd January 1893
4. Place of Birth, (Street and Number) 1120 Tompson St.
5. Full Name of Mother, Mary Kraley
6. Mother's Maiden Name, Bortzfeter
7. Mother's Birthplace, Prussia
8. Full Name of Father, Wolf Kraley
9. Father's Occupation Tailor
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, E. Abramson

Address, 72 Allamanda St

Remarks,

1893000501

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 14554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Esther Ruth ~~Sakotaki~~ Sakolaki

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. 23 January 1923
4. Place of Birth, (Street and Number) 851 E Lanvale St
5. Full Name of Mother, Jennie Sakolaki
6. Mother's Maiden Name, Goldfarb
7. Mother's Birthplace, Austria
8. Full Name of Father, Hyman Sakolaki
9. Father's Occupation Sewing machine agent
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Schusman

Address, 42 Alameda St.

Remarks. GIVEN NAME ADDED. 10-13-53

8930000502

Wm. J. C. Dulany Co., City Printers and Stationers

---

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 14578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 January 1893
4. Place of Birth, (Street and Number) 6 N. Eden St
5. Full Name of Mother, Rose Rosenblum
6. Mother's Maiden Name, Swartz
7. Mother's Birthplace, Russia
8. Full Name of Father, Clarence Rosenblum
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, S. Schonman

Address, 42 Albemarle St

Remarks,

1 8 9 3 0 0 0 0 5 0 3

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 24. 1890
4. *Place of Birth, (Street and Number)*	2807 O'Donnell St
5. *Full Name of Mother,*	Johanetta Sonnenberg
6. *Mother's Maiden Name,*	Sonnenberg
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Bernard Diefenbrun
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	E. J. Stenger M.D.
Address,	1114 Chesapeake St
Remarks,	

8930000504

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every midwife or person who shall assist at the birth of any child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

45529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 24 1893
4. *Place of Birth, (Street and Number)*	1116 Potomac St
5. *Full Name of Mother,*	Lora J.
6. *Mother's Maiden Name,*	Perkins
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Edmund E. Harris
9. *Father's Occupation,*	Smelter.
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	C. J. Tenney M.D.
Address,	1114 Chapel St
Remarks,	

8930000505

GEO. J. G. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 15550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 24th 1893
4. Place of Birth, (Street and Number) 1117 N. Gilmore St
5. Full Name of Mother, Sue Theresea Bald
6. Mother's Maiden Name, Sue Theresea Lea
7. Mother's Birthplace, Balto. City
8. Full Name of Father, William Chas. Bald
9. Father's Occupation, Painter
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 3 0 0 0 0 5 0 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

4533.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleven
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 24 1893
4. *Place of Birth, (Street and Number)*	2313 O'Donnell St
5. *Full Name of Mother,*	Mary
6. *Mother's Maiden Name,*	Ivors
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Alexander Miller
9. *Father's Occupation,*	laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	E J Sheridan MD
Address,	1114 Chesapeake St
Remarks,	

8930000507

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1/2 Elda Greenblatt

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 th January 1923
4. Place of Birth, (Street and Number) 849 E. Pratt St.
5. Full Name of Mother, Ella Greenblatt
6. Mother's Maiden Name, Isaac
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Greenblatt
9. Father's Occupation, Store keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schreier

Address, 42 Allendale St

Remarks, CHILD NAME ADDED. 4-24-52

8930000508

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 45557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 26 1893
4. Place of Birth, (Street and Number) 343 N. Eden St.
5. Full Name of Mother, Bridget Coyne
6. Mother's Maiden Name, Gaidner
7. Mother's Birthplace, Louis M. Hall
8. Full Name of Father, Mariner
9. Father's Occupation, America
10. Father's Birthplace, E. J. Williams M.D.

Name of Medical Attendant, or other person who makes this Return. 1114 Chapel St

Address,

Remarks,

8930000509

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 June, 1823
4. Place of Birth, (Street and Number) 32 Leonard St
5. Full Name of Mother, Rachel Fitzpatrick
6. Mother's Maiden Name, Rachel Reed
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, James Fitzpatrick
9. Father's Occupation Laborer
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, E. Schuessler

Address, 52 Albemarle St

Remarks,

8930000510

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 8-21-64

RETURN OF A BIRTH.

A 45554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Bertha Greenstine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 June 1893
4. Place of Birth, (Street and Number) 100 Market Place
5. Full Name of Mother, Fanny Greenstine
6. Mother's Maiden Name, Lunchin
7. Mother's Birthplace, Russia
8. Full Name of Father, Abram Greenstine
9. Father's Occupation, Shop keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. Klopman

Address, 42 Eutaw ave

Remarks,

8930000511

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately [illegible] it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 45555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 and January 1893
4. Place of Birth, (Street and Number) 42 Howard St
5. Full Name of Mother, Katrina Schmidtel
6. Mother's Maiden Name, Burk
7. Mother's Birthplace, Germany
8. Full Name of Father, Friedrich Ludwig Schmidt
9. Father's Occupation Cabinet maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E. Silberman

Address, 22 Eutaw st.

Remarks,

6 9 3 0 0 0 0 5 1 2

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 7-25-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Mary Elizabeth Vorsteg

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, January 27th 1893.
4. Place of Birth, (Street and Number) 828 Gisquith St.
5. Full Name of Mother Mary Elizabeth Vorsteg
6. Mother's Maiden Name, " " Hays
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John H. Vorsteg
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Wm. L. Russell M.D.

Address, 800 N Broadway

Remarks,

8930000513

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

BLANK & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

B 45559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 28. 1934
4. *Place of Birth, (Street and Number)* ~~East ave~~ 1124 East ave
5. *Full Name of Mother,* Anden Catherine
6. *Mother's Maiden Name,* Diegi
7. *Mother's Birthplace,* Alyeria
8. *Full Name of Father,* Emil Howard Kimble
9. *Father's Occupation,* Civil Engineer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. E. J. Sidenam M.D.

Address, 1114 Linwood Ave

Remarks,

8930000514

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 June 1893
4. Place of Birth, (Street and Number) 1105 E Pratt St
5. Full Name of Mother, Betsy Cohen
6. Mother's Maiden Name, Lewinsky.
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris Cohen
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Abercrombie

Address, 1124 Eutaw Pl

Remarks,

8930000515

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 29, 1893
4. Place of Birth, (Street and Number) 1019 Hollins St
5. Full Name of Mother, Mary E. Dailey
6. Mother's Maiden Name, Mary Eliza Morton
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph Dailey
9. Father's Occupation, Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 1/2 Poppleton St

Remarks,

8 9 3 0 0 0 0 5 1 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 30 93

4. Place of Birth, (Street and Number) 2045 E. Baltimore

5. Full Name of Mother, Alice R Coleman

6. Mother's Maiden Name, Campbell

7. Mother's Birthplace, Md

8. Full Name of Father, Chas R Coleman

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return J. B. Schwatka M. D.

Address, 1103 N. Bentz St

Remarks,

8930000517

...ons Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 165102

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 30th 1893
4. Place of Birth, (Street and Number) 112 Lurhaven Ct. Balto. Md.
5. Full Name of Mother, Mrs Annie Hall
6. Mother's Maiden Name, Alexia Barlow
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, James E. Hall
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Rollins

Address, 1610 Vincent Street City

Remarks,

18930000518

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

45367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 30th
4. Place of Birth, (Street and Number) Jefferson st near gurber lane
5. Full Name of Mother, alice Williams
6. Mother's Maiden Name, Alice Bentz
7. Mother's Birthplace, Dansville, Baltimore Co. Md
8. Full Name of Father, John Williams
9. Father's Occupation, can tapper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs John Hinkel

Address, 17. Ballet. ave.

Remarks, none remarks

8930000519

GEO. J. G. GILDAY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	W. C.
3. *Date of Birth,*	31 jan. 1851
4. *Place of Birth, (Street and Number)*	1124 Pleasant St, Balto.
5. *Full Name of Mother,*	Matilda R. Rogers Seekman
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balto Co.
8. *Full Name of Father,*	Jno. H. Rogers
9. *Father's Occupation,*	Seamster
10. *Father's Birthplace,*	Balto City. Md.
Name of Medical Attendant, or other person who makes this Return.	Thos Hunter.
Address,	23 N. Poppleton St
Remarks.	None.

8930000520

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A #15364

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 31st 93
4. *Place of Birth, (Street and Number)*	511 ~~Moores~~ Moores alley
5. *Full Name of Mother.*	Stasia Mason
6. *Mother's Maiden Name,*	Stasia Williams
7. *Mother's Birthplace,*	Ellicotts city. Md
8. *Full Name of Father.*	Walter Ignatius Mason
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace.*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Tertia C. Willson + H. Clayton
Address,	Womens Medical College Druid hill Ave + Hoffman
Remarks,	Normal birth. Position L. I. O. A. R. Fascent + Rt. P.

T & CO., CITY PRINTERS AND STATIONERS

6930000521

RETURN OF A BIRTH. A 45560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) Colored
3. *Date of Birth,* January 31 1893
4. *Place of Birth,* (Street and Number) 153 Woodyard st Baltimore
5. *Full Name of Mother,* Mary Louise Johnson
6. *Mother's Maiden Name,* Louise Johnson
7. *Mother's Birthplace,* Essex Co Va
8. *Full Name of Father,* John Smith
9. *Father's Occupation,* Laboring man
10. *Father's Birthplace,* Spotsylvania Co Va

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address, 1010 Vincent ave

Remarks,

8930000522

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Colored Child
2. Race or Color, (if not of the white race) 31 of January 1893
3. Date of Birth, No 816 Range St Balto
4. Place of Birth, (Street and Number) Hairett Johnson
5. Full Name of Mother, Hairett Robidon
6. Mother's Maiden Name, Howard County
7. Mother's Birthplace, James Johnson
8. Full Name of Father, laboring Work
9. Father's Occupation, Howard County
10. Father's Birthplace, Had nurse But Mid Wife

Name of Medical Attendant, or other person who makes this Return.

Address, Mid Wife Hairett Boyle 939 Hanover Lane Balto

Remarks,

1893000000523

month, and shall set forth as far as the name can be ascertained the full name of each child of any and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 45567

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Jan. 31, 1893
4. Place of Birth (Street and Number)	838 Hanover Ave.
5. Full Name of Mother	Mrs. J. Wilson Cole
6. Mother's Maiden Name	Leah Gilden
7. Mother's Birthplace	Balto.
8. Full Name of Father	J. Wilson Cole
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Joseph T. Smith M. D.
Address	1010 Hanover Ave.
Remarks	

6930000524

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 1st 1893.
4. *Place of Birth, (Street and Number)*	612 W. Central Ave.
5. *Full Name of Mother,*	Lou Lew Dell
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Hester County Virginia
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	D. A. Bell
Address,	2456 W. Lemmon St. S. W. cor. Central Ave
Remarks,	All Well.

18930000525

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	12
1. Sex. (state whether male or female)	White
2. Race or Color. (if not of the white race)	Male
3. Date of Birth.	January 10th 1893
4. Place of Birth. (Street and Number)	1002 Harlem Road.
5. Full Name of Mother.	S. Klaus
6. Mother's Maiden Name.	S. Frederick
7. Mother's Birthplace.	Germany.
8. Full Name of Father.	G. Klaus
9. Father's Occupation.	Beer Wagon Driver
10. Father's Birthplace.	Germany
Name of Medical Attendant, or other person who makes this Return.	M. A. Ball
Address.	1246 E. Monument St & S. Hon. Central Ave
Remarks.	All Well.

8 9 3 0 0 0 0 5 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 4570.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	January 6th 1893.
4. Place of Birth, (Street and Number)	517 N. Washington Ave. Co
5. Full Name of Mother.	E. Gerhardt
6. Mother's Maiden Name.	E. Kinig
7. Mother's Birthplace.	Baltimore
8. Full Name of Father.	E. Gerhardt
9. Father's Occupation	Laborer
10. Father's Birthplace.	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H. C. Bird
Address.	1015 E. Monument St. Co. Central
Remarks.	Co. Hale.

8930000527

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 45571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Brown, African origin.
3. Date of Birth,	January 8th. 1893.
4. Place of Birth, (Street and Number)	W. Saratt St. No. 304.
5. Full Name of Mother,	Mrs Eliza Shuster.
6. Mother's Maiden Name,	Eliza Payne
7. Mother's Birthplace,	Howard County, Md.
8. Full Name of Father,	Charles Shuster.
9. Father's Occupation,	Hotel Waiter. died December 1892.
10. Father's Birthplace,	State Virginia.
Name of Medical Attendant, or other person who makes this Return,	A. F. Vollmann, M. D.
Address,	No. 626 S. Eutaw St.
Remarks,	

8930000528

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of midwifery, or should no other person of such shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such attendance upon the mother, immediately after it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 5-7-[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Edward Blume

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 8th 1922
4. Place of Birth, (Street and Number) 743 Washington Av
5. Full Name of Mother, Amelia M. Blume (Strieb)
6. Mother's Maiden Name, Strieb
7. Mother's Birthplace, Balto.
8. Full Name of Father, John F. Blume (Estate)
9. Father's Occupation Grocery Worker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, H. A. Bull

Address, 1245 E Monument St

Remarks, 8930000529

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan 10 '93.
4. Place of Birth, (Street and Number) 237 N Gay St.
5. Full Name of Mother, Amelia Feielman
6. Mother's Maiden Name, Amelia Goldberg.
7. Mother's Birthplace, Russia
8. Full Name of Father, Osias Feielman
9. Father's Occupation, Tailor
10. Father's Birthplace, Austria

Name of Medical Attendent, or other person who makes this Return: A. J. Lacio Med.

Address, 416 N. Fayette St.

Remarks,

8930000530

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male. Child
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	January 12, 1895
4. *Place of Birth, (Street and Number)*	174 Lombard St.
5. *Full Name of Mother,*	A. Liesel
6. *Mother's Maiden Name.*	A. Dibau
7. *Mother's Birthplace.*	Balt.
8. *Full Name of Father,*	H. Liesel
9. *Father's Occupation.*	Fireman
10. *Father's Birthplace.*	Balt.
Name of Medical Attendant, or other person who makes this Return.	Dr. A. Bell
Address.	1245 E. Monument St.
Remarks.	All Well.

8930000531

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 16, 1893
4. *Place of Birth, (Street and Number)*	1418 Monroe St.
5. *Full Name of Mother,*	M. Shultz
6. *Mother's Maiden Name,*	M. Tuttle
7. *Mother's Birthplace,*	Buffalo
8. *Full Name of Father,*	C. Schultz
9. *Father's Occupation*	Pipe Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	G. C. Bell
Address,	1045 E. Baltimore St.
Remarks,	All Right

8930000-532

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45576.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	White Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	926 Hanlon Road January 4th 1913.
4. Place of Birth, (Street and Number)	
5. Full Name of Mother,	C. Kuehl
6. Mother's Maiden Name,	E. Bloch
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	C. Kuehl.
9. Father's Occupation,	Beer Bottler
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Dr. C. Bell
Address,	1245 S. Hanover St.
Remarks,	Dr. Bell

8930000533

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45577

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	5
1. *Sex.* (state whether male or female)	Female
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth.*	January 18 1893.
4. *Place of Birth.* (Street and Number)	2105 Albemarle St.
5. *Full Name of Mother.*	E. Sink
6. *Mother's Maiden Name.*	E. Ebert
7. *Mother's Birthplace.*	Balto.
8. *Full Name of Father.*	H. Sink
9. *Father's Occupation.*	Baker
10. *Father's Birthplace.*	Balto.
Name of Medical Attendant, or other person who makes this Return	W. A. Cuff.
Address.	1245 E. Monument St.
Remarks.	All Right.

8930000534

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 21 1893
4. *Place of Birth, (Street and Number)*	424 Harlem Ave.
5. *Full Name of Mother,*	C. St. Clair
6. *Mother's Maiden Name,*	C. Marguite Black
7. *Mother's Birthplace,*	J. St. Clair
8. *Full Name of Father,*	Col.
9. *Father's Occupation*	Baltic
10. *Father's Birthplace,*	Md. U. S.
Name of Medical Attendant, or other person who makes this Return,	Md. C. Burn.
Address,	1205 E. Monument St.
Remarks,	All Well.

18930000535

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 4579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 24 1898.
4. *Place of Birth, (Street and Number)*	487 Calvin St.
5. *Full Name of Mother,*	Mary Gerard
6. *Mother's Maiden Name,*	Buchman
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Louis Gerard
9. *Father's Occupation*	Steam Engineer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	M. A. Bull
Address,	243 E. Hamburg St.
Remarks,	Colored

8930000536

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 27th 1923
4. Place of Birth, (Street and Number) 622 Virginia Ave.
5. Full Name of Mother, Harriet Heffernan
6. Mother's Maiden Name, Harriet Kearney
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph F. Heffernan
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 1507 N. Central Ave

Remarks,

8930000537

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 28 1913
4. *Place of Birth, (Street and Number)*	1108 Hill St.
5. *Full Name of Mother,*	E Hall
6. *Mother's Maiden Name,*	E Holmes
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	J. Hall.
9. *Father's Occupation*	Cook.
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	M. A. Bulo.
Address,	1245 E. Monument St.
Remarks,	All Well.

8930000538

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

1558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	the 29th of January
4. *Place of Birth, (Street and Number)*	Pierce St # 730
5. *Full Name of Mother,*	Mary Webb
6. *Mother's Maiden Name,*	Mary Blake
7. *Mother's Birthplace,*	Walker's Va
8. *Full Name of Father,*	Alonzo H Webb
9. *Father's Occupation*	Stevedore
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Miss C. Cook.
Address,	714 Bradley St
Remarks,	None

8930000539

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 45583.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 21. 1893.
4. *Place of Birth, (Street and Number)*	813 Harford Ave.
5. *Full Name of Mother,*	E. Catzoff
6. *Mother's Maiden Name,*	E. Adal
7. *Mother's Birthplace,*	Washington
8. *Full Name of Father,*	H. Catzoff
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Washington
Name of Medical Attendant, or other person who makes this Return,	H. A. Bird.
Address,	1245 E Monument St
Remarks,	Ale Hall.

1 8 9 3 0 0 0 0 5 4 0

Every birth occurring in the City of Baltimore shall be reported to the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 31 1893.
4. *Place of Birth, (Street and Number)*	1536 Augusta St.
5. *Full Name of Mother,*	E. V. Leyasser
6. *Mother's Maiden Name,*	E Sommer
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	H Leyasser
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other person who makes this Return,	H. A. Bath.
Address,	124 E. Monument St.
Remarks,	Ill Well.

8930000541

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

A 45585

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 31 1893
4. *Place of Birth, (Street and Number)*	840 Pearce St.
5. *Full Name of Mother,*	Mary Jane Schilling.
6. *Mother's Maiden Name,*	" " Gray
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Charles H Schilling.
9. *Father's Occupation,*	Coal dealer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	Wm A E Tillman M D
Address,	5 E Biddle St
Remarks,	8930000542

The Physician or Midwife shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

808 J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45586.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 31, 1893.
4. Place of Birth, (Street and Number)	906 Ivy St.
5. Full Name of Mother,	S. Isabelle
6. Mother's Maiden Name,	S. Rice
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	E. Knell
9. Father's Occupation	Carpenter
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	W. A. Bull.
Address,	1245 E Monument St.
Remarks,	All Well.

8930000543

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

4587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex.* (state whether male or female) Boy
2. *Race or Color.* (if not of the white race) Col
3. *Date of Birth.* Jan 10th 893
4. *Place of Birth.* (Street and Number) 929 Eutaw Pl
5. *Full Name of Mother.* Laura Pratt
6. *Mother's Maiden Name.* Laura Poppie
7. *Mother's Birthplace.* Caroline County Virginia
8. *Full Name of Father.* William Pratt
9. *Father's Occupation.* Porter
10. *Father's Birthplace.* Caroline County Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Johnson

Address. 704 Eutaw Pl

Remarks.

8 9 3 U 0 0 0 5 4 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

45588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First & 2
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	January 1st 1893
4. Place of Birth, (Street and Number)	1047 Argyle Avenue
5. Full Name of Mother,	Anna Brandt
6. Mother's Maiden Name,	Anna Kralz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Brandt
9. Father's Occupation,	Musician
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Anna Spangler
Address,	648 N. Fulton St
Remarks,	

8930000545

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 3/93
4. *Place of Birth, (Street and Number)*	1800 Hartford Avenue
5. *Full Name of Mother,*	Maggie Schweitzer
6. *Mother's Maiden Name,*	Maggie Conoday
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James J. Schweitzer
9. *Father's Occupation*	Storekeeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	J. N. Marlenet
Address,	1441 N. Gay St
Remarks,	

8 9 3 0 0 0 0 5 4 6

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45590.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 3rd 1893
4. Place of Birth, (Street and Number)	1010 N Bond St
5. Full Name of Mother,	Annie Miller
6. Mother's Maiden Name,	Kaufman
7. Mother's Birthplace,	Germany
8. Full Name of Father,	William A Miller
9. Father's Occupation,	Foreman Tinner
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	L H Baldwin M D
Address,	109 E Lafayette Ave
Remarks,	1893000547

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 1859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 6 1873
4. *Place of Birth, (Street and Number)* Baltimore & Castle St No. 513
5. *Full Name of Mother,* Mrs. Kate ~~Sutton~~ Heim
6. *Mother's Maiden Name,* Mrs. Kate Sutton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr. Charles Heim
9. *Father's Occupation,* Driver Express
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Josephine Krueger

Address, N.E. cor. Fayette & Castle St. No. 2026

Remarks,

8930000548

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 6 1913.
4. Place of Birth, (Street and Number) 2522 Hoffman Street.
5. Full Name of Mother, Marguerite Van Hollen
6. Mother's Maiden Name, Marguerite Beauchamp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Henry Van Hollen
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. P. Martenet

Address, 1440 Druid Pk

Remarks, 8930000549

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 6th 1893
4. Place of Birth, (Street and Number) Baltimore E. Fayette St. No 2013
5. Full Name of Mother, Mrs Lettie G. Kilgour
6. Mother's Maiden Name, Mrs Lettie G. Gager
7. Mother's Birthplace, Richmond Virginia
8. Full Name of Father, Mr. Benjamin P. Kilgour
9. Father's Occupation, Labor
10. Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other person who makes this Return, Mr Josephine Krueger

Address, No 2026 E. Fayette St. Bal. Md.

Remarks,

18930000550

The Registrar shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

BY J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Helen Grace
2/20/10 A.S.D.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 12 1910
4. Place of Birth, (Street and Number) 1809 E Eager St
5. Full Name of Mother, Kate Fulton
6. Mother's Maiden Name, Gibson
7. Mother's Birthplace, Scotland
8. Full Name of Father, Paul F Thom
9. Father's Occupation Laborer Granite Quarry
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1501 E Eager St

Remarks,

6 9 3 0 0 0 0 5 5 1

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

1559

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 13. 1893
4. Place of Birth, (Street and Number) 122 W Madeira St
5. Full Name of Mother, Elizabeth K Peterson
6. Mother's Maiden Name, Tostmann
7. Mother's Birthplace, Balto. City
8. Full Name of Father, William Peterson
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return J. H. Collenberg

Address, 1810 E Baltimore St

Remarks.

8930000552

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

45595.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 14. 1893.
4. Place of Birth, (Street and Number)	Balt. No. 1707 Preston St
5. Full Name of Mother,	Mrs Anna Mc Eissmann
6. Mother's Maiden Name,	Mrs Anna M. Gessner
7. Mother's Birthplace,	Europe
8. Full Name of Father,	Mrs John G. Eissmann
9. Father's Occupation	Cutter
10. Father's Birthplace,	Europe
Name of Medical Attendant, or other person who makes this Return,	Mrs Josefine Kanzler
Address,	No 2026 E Fayette St B. Md.
Remarks,	

8930000553

Wm. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child born conferred, only signed by the practitioner of midwifery, or the person or parents of such child be delivered, the full name and occupation of the practitioner of midwifery, or the person or parents of such said schedule shall be delivered at the office of the Commissioner of Health, or should no other person be in shall occur without the other, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 15, '93
4. *Place of Birth, (Street and Number)*	115 W. Lombard.
5. *Full Name of Mother,*	Frances Slivkova
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Joseph Known
9. *Father's Occupation,*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames
Address,	115 W. Lombard.
Remarks,	

8 9 3 0 0 0 0 5 5 4

Wm. J. C. Dulany Co., City Printers and Stationers

Health. It shall be the duty of each and every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45596.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Ethel Renn Beiswanger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16th 1893
4. Place of Birth, (Street and Number) Baltimore E. Monument St. No 1651
5. Full Name of Mother, Mrs Mary E. (Biswanger) Beiswanger
6. Mother's Maiden Name, Mrs Mary E. Renn
7. Mother's Birthplace, Fallston Harford Co. Md
8. Full Name of Father, Mr. Wm F. (Biswanger) Beiswanger
9. Father's Occupation, Collector
10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs. Josephine Krueger

Address, No 2026 E. Fayette St. B. Md.

Remarks, 8930000555

The Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex; color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office clerk or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or midwife, the duty of the person or parents required, and attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents required, and in the manner and within the period above required, such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	Jan. 17, 93
4. *Place of Birth, (Street and Number)*	115 W. Lombard.
5. *Full Name of Mother,*	Mary Lee
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Wm Henson
9. *Father's Occupation,*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Travers.
Address,	115 W. Lombard.
Remarks,	

8930000556

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 41598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Jan 17 1893
4. Place of Birth, (Street and Number) 1817 Ettinge
5. Full Name of Mother, Augusta A Lee
6. Mother's Maiden Name, Augusta A Mathews
7. Mother's Birthplace, Balto
8. Full Name of Father, Jesse Lee
9. Father's Occupation, Porter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Johnson

Address, 704 Appor

Remarks,

8930009557

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

#45399.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	XIII
1. Sex, (State whether male or female)	~~Female~~ Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Jan 18-93
4. Place of Birth, (Street and Number)	1606 W. Saratoga St
5. Full Name of Mother,	Georgiana Armiger
6. Mother's Maiden Name,	Duckett
7. Mother's Birthplace,	Pr. George's Co. Md.
8. Full Name of Father,	Thos. A. Armiger
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Anna Arundel Co. Md.
Name of Medical Attendant, or other person who makes this Return.	J. Thos Funck M.D.
Address,	101 N. Fulton Ave
Remarks,	

Gen. Death Certificate on 3rd Surgical Confinement of Gullet. Leroy Armiger

8 9 3 0 0 0 0 5 5 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 18, '93
4. *Place of Birth, (Street and Number)*	115 W. Lombard
5. *Full Name of Mother,*	Ella Rucker
6. *Mother's Maiden Name,*	Mrs
7. *Mother's Birthplace,*	Not known
8. *Full Name of Father,*	" "
9. *Father's Occupation,*	" "
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames
Address,	115 W. Lombard
Remarks,	

8930000559

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46600.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 19, 93
4. *Place of Birth, (Street and Number)*	115 W. Lombard
5. *Full Name of Mother,*	Jennie Buckley.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Dist. D.C.
8. *Full Name of Father,*	Not known.
9. *Father's Occupation,*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames
Address,	115 W. Lombard
Remarks,	

8 9 3 0 0 0 0 5 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child born within the City of Baltimore shall be registered, and the parent, physician, midwife, householder or other person having charge of such child, or any adult person having knowledge of the facts, shall report the birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth occurs, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A. 45001.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	Feme
2.	*Race or Color, (if not of the white race)*	Col
3.	*Date of Birth,*	Jan 19 1893
4.	*Place of Birth, (Street and Number)*	426 W Biddle
5.	*Full Name of Mother,*	Jennie Howden
6.	*Mother's Maiden Name,*	Jennie Smith
7.	*Mother's Birthplace,*	Balto Md
8.	*Full Name of Father,*	James Howden
9.	*Father's Occupation,*	Driver
10.	*Father's Birthplace,*	B Balto Md
	Name of Medical Attendant, or other person who makes this Return.	Dr Anna Johnson
	Address,	704 Pop
	Remarks,	

6 9 3 0 0 0 0 5 6 1

BY J. D. GULLEY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 45607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 14 th 1893
4. Place of Birth, (Street and Number) 1639 Pennsylvania Ave
5. Full Name of Mother, Elmira Brady
6. Mother's Maiden Name, Elmira Adelsberger
7. Mother's Birthplace, Balto
8. Full Name of Father, Alexander P Brady
9. Father's Occupation, Locksmith
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs H Heinzelbl

Address, 543 Pye Pratt St

Remarks,

8930000562

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-11-57

RETURN OF A BIRTH

A 45603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pauline Edith Hensel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, June 20-93
4. Place of Birth, (Street and Number) 1708 W Fayette St
5. Full Name of Mother, Pauline Hensel
6. Mother's Maiden Name, Mencken
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, John Hensel Jr.
9. Father's Occupation, Piano Maker
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. J. McLennick M.D.

Address, 101 N. Fulton Ave

Remarks.

8930000563

Health. This Schedule shall contain a true statement of the full name of each child, if any shall have been born alive, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, June 20 1893
4. Place of Birth, (Street and Number) 553 Hoffman Pl
5. Full Name of Mother, ~~Liz~~ Eliza ~~Sampson~~ Hamilton
6. Mother's Maiden Name, Eliza Sampson
7. Mother's Birthplace, Balto
8. Full Name of Father, Oscar Hamilton
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Johnson

Address, 704 Pine St

Remarks,

8 9 3 U 0 0 0 5 6 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jan 29/1893
4. Place of Birth (Street and Number),	1159 Pinckney St.
5. Full Name of Mother,	Susie E. Carter
6. Mother's Maiden Name,	" " "
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Wm. E. Carter
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	H. E. Knopf M.D.
Address,	523 Scott St.
Remarks,	

8930000565

This Return must be made as far as the name can be ascertained the full name of each child, if any shall have been born; and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been born; and shall set forth the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

A-45606.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Jan 30th 93
4. *Place of Birth, (Street and Number)* 541 Ford Pl
5. *Full Name of Mother,* Florence Clemmons
6. *Mother's Maiden Name,* Florence Fletcher
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Simon Clemmons
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Johnson

Address, 704 Tyson Pl

Remarks,

8 9 3 0 0 0 0 5 6 6

Health. This schedule shall contain a record of the births occurring in each family, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

45-69

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan. 21, 1893
4. *Place of Birth, (Street and Number)*	Ball. Lansing Ave. No. 1706.
5. *Full Name of Mother,*	Mrs Petronella Graf
6. *Mother's Maiden Name,*	Mrs Petronella Ihmed
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	Mr Hubert Graf
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return,	Mrs Josephine Krueger
Address,	No 2026. E. Fayette St. Md.
Remarks,	

8930000567

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the duty of the person or parents required, and attendance upon the mother, immediately thereafter, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, or who shall neglect or refuse to call a physician or third day of each and every month to the office of the Commissioner of Midwifery, or should no other parents of such said schedule shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the duty of the person or parents required, and attendance upon the mother, immediately thereafter, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 43608.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 22 '93
4. Place of Birth, (Street and Number)	115 W. Lombard
5. Full Name of Mother,	Carrie Jones
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Jno Thomas
9. Father's Occupation,	"
10. Father's Birthplace,	"
Name of Medical Attendant, or other person who makes this Return.	W. Wayland Travers
Address,	115 W. Lombard
Remarks,	

8 9 3 0 0 0 0 5 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH,

A 4609

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* January 22 1893

4. *Place of Birth, (Street and Number)* 1336 Preston St

5. *Full Name of Mother* Elizabeth Preston Smith

6. *Mother's Maiden Name* Ballo

7. *Mother's Birthplace* Harry Preston

8. *Full Name of Father* Ford

9. *Father's Occupation* Bello

10. *Father's Birthplace* W M Lewis M D

Name of Medical Attendant, or other Person who makes this Return. 1209 Preston St

Address

Remarks

8 9 3 0 0 0 0 5 6 9

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 45610.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	Jan. 24, 93
4. Place of Birth, (Street and Number)	115 W. Lombard
5. Full Name of Mother,	Mary Mannon
6. Mother's Maiden Name.	Unknown
7. Mother's Birthplace.	Md
8. Full Name of Father,	Not known
9. Father's Occupation.	"
10. Father's Birthplace,	"
Name of Medical Attendant, or other person who makes this Return.	W. Wayland Frames
Address.	115 W. Lombard.
Remarks,	

8 9 3 0 0 0 0 5 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth; and the name conferred. He sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be child to report its birth to the Commissioner of Health, in the manner and within the period above required, and jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 1761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth. January 27.
4. Place of Birth, (Street and Number) 622 North Spring st Ball
5. Full Name of Mother, Mrs Sydie Bishop
6. Mother's Maiden Name, Sydie Mason
7. Mother's Birthplace, Baltimore age 20
8. Full Name of Father, Mr. Alfonso Bishop
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore age 23

Name of Medical Attendant, or other person who makes this Return, Wesley Mallay.

Address. # 1412 Jefferson St

Remarks,

8930000571

month, and shall set forth as far as the same can be ascertained the full name, residence, color, sex, and the time of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45617

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 27, 93
4. *Place of Birth, (Street and Number)*	115 W. Lombard.
5. *Full Name of Mother,*	May Meyer
6. *Mother's Maiden Name,*	Penna.
7. *Mother's Birthplace,*	Not known
8. *Full Name of Father,*	" "
9. *Father's Occupation,*	" "
10. *Father's Birthplace,*	W. Wayland. Frame.
Name of Medical Attendant, or other person who makes this Return.	115 W. Lombard.
Address,	
Remarks,	

1 8 9 3 0 0 0 0 5 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 11561

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 27th January 1893
4. Place of Birth, (Street and Number) 212 w Exeter st
5. Full Name of Mother Rachael Klivansky
6. Mother's Maiden Name, Schwartz
7. Mother's Birthplace, Russia
8. Full Name of Father, Samuel Klivansky
9. Father's Occupation, Merchant
10. Father's Birthplace Russia

Name of Medical Attendant, or other Person who makes this Return J. H. Collenberg

Address, 1810 Baltimore st

Remarks,

8930000573

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 45614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	January 28th 1893
4. Place of Birth, (Street and Number)	1724 Pennsylvania Ave
5. Full Name of Mother,	Anna White
6. Mother's Maiden Name,	Anna Biddle
7. Mother's Birthplace,	Gettysburg
8. Full Name of Father,	Joseph White
9. Father's Occupation,	Jeweler
10. Father's Birthplace,	Tennessee Pa
Name of Medical Attendant, or other person who makes this Return.	Mrs A Messenger
Address,	1493 Mc Mechen St
Remarks,	

8930000574

Wm J C. Dulany Co., City Printers and Stationers.

The sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person on premises of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1361

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	January 29th
4. Place of Birth (Street and Number),	2221 Barclay St
5. Full Name of Mother,	Minnie F Woburn
6. Mother's Maiden Name,	Minnie F Stott
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Johnson D Woburn
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary E Price
Address,	1630 Ashland ave
Remarks,	

E 4-3 0 0 0 0 5 7 5

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born) and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report in like manner to the Commissioner of Health, as required in the case of births attended by physicians or midwives. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 14616.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* ~~June~~ Jan 30 1893
4. *Place of Birth, (Street and Number)* 1323 upton pl
5. *Full Name of Mother,* Anna Wesh
6. *Mother's Maiden Name,* Anna Smith
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James West
9. *Father's Occupation,* Gardener
10. *Father's Birthplace,* ~~Balto~~ Anne Arundel Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Johnson

Address, 704 Pierpont pl

Remarks,

6 9 3 0 0 0 0 5 7 6

Health. This schedule shall contain a list of the births occurring in each family, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the names of all children born within the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, January 30th 1893
4. Place of Birth, (Street and Number) 1317 Bounk Pl
5. Full Name of Mother, Lucy Bailey
6. Mother's Maiden Name, Lucy Yates
7. Mother's Birthplace, Washington DC
8. Full Name of Father, Carthen Bailey
9. Father's Occupation, Driver
10. Father's Birthplace, Washington DC

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Johnson

Address, 704 Pearl DC

Remarks,

8930000577

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, or having charge, of any case of birth, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd "
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	January 30th 93.
4. *Place of Birth (Street and Number)*	2107 N. Calvert St
5. *Full Name of Mother*	Mollie C. Jones
6. *Mother's Maiden Name*	Mollie C. Hance
7. *Mother's Birthplace*	Calvert Co Md
8. *Full Name of Father*	Sam T. Jones
9. *Father's Occupation*	Farmer
10. *Father's Birthplace*	Calvert Co Md.
Name of Medical Attendant, or other Person who makes this return	J. W. Bowden M D
Address	2105 N Calvert St
Remarks	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8930000578

RETURN OF A BIRTH. A 15618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan. 30, 1893.
4. *Place of Birth, (Street and Number)*	1917 Linden Avenue
5. *Full Name of Mother,*	Catherine H. Laws.
6. *Mother's Maiden Name,*	" " Starr
7. *Mother's Birthplace,*	Penna.
8. *Full Name of Father,*	David W. Laws.
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	G. Lane Taneyhill
Address,	1103 Madison Avenue
Remarks,	

6 9 3 0 0 0 0 5 7 9

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

4619

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	January 31/93
4. Place of Birth, (Street and Number)	2023 E Fayette st
5. Full Name of Mother	Elizabeth Clark
6. Mother's Maiden Name,	Bucher
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	John S. Clark
9. Father's Occupation,	Bricklayer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return	J. H. Gallenberg
Address,	1810 E Baltimore St.
Remarks,	

6930000580

ARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 45620.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Jan 31 - 93
4. *Place of Birth, (Street and Number)* 345 S. Monroe St
5. *Full Name of Mother,* Nettie Shaffer
6. *Mother's Maiden Name,* Armiger
7. *Mother's Birthplace,* Fr. Sangis Co. Mo.
8. *Full Name of Father,* Thos P. Shaffer
9. *Father's Occupation,* ~~Coal Raiser~~ Brakeman
10. *Father's Birthplace,* St. Louis. Mo.

Name of Medical Attendant, or other person who makes this Return. J. McCormick M.D.

Address, 101 N. Fulton Ave

Remarks,

8930000581

...ecessary. ...ame can be ascertained the full name of each child, if any shall ...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... A. G. McAMY & CO., CITY PRINTERS AND STATIONERS

A 456201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 January
4. *Place of Birth, (Street and Number)* 942 Durham St
5. *Full Name of Mother,* Mary Ellen
6. *Mother's Maiden Name,* Mary Wentworth
7. *Mother's Birthplace,* Baltimore Bohemia
8. *Full Name of Father,* Rodgers Ellen
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Alonzo Yates

Name of Medical Attendant, or other person who makes this Return, C W Durham M

Address,

Remarks,

8 9 3 0 0 0 0 5 8 2

Health. This section shall contain the name of each child, if any, born alive, and the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained

A-45620 B

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 te Kind
1. *Sex, (state whether male or female)*	Madjan
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	25 Januar
4. *Place of Birth, (Street and Number)*	1305 Olin Street
5. *Full Name of Mother,*	Jenny Goldstein
6. *Mother's Maiden Name,*	Europa
7. *Mother's Birthplace,*	Main Goldstein
8. *Full Name of Father,*	Jeweler
9. *Father's Occupation*	Europa
10. *Father's Birthplace,*	Olin Flandlen
Name of Medical Attendant, or other person who makes this Return.	1125 E. Druid St
Address,	
Remarks,	

8 9 3 0 0 0 0 5 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his observation since the last report, and shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-15-56

RETURN OF A BIRTH, A 71561

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Myrtle May Rice

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth* 26 January 1893

4. *Place of Birth, (Street and Number)* 831 South Carey

5. *Full Name of Mother* Ida May Rice

6. *Mother's Maiden Name* Thomas

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* W C Rice

9. *Father's Occupation* Bookkeeper

10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. E D Thomas

Address 1242 W Fratt St

Remarks

8 9 3 0 0 0 0 5 8 4

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4-677

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1-28-'93
4. Place of Birth, (Street and Number) 421 Little Monument St
5. Full Name of Mother, Fannie Ray
6. Mother's Maiden Name, Fannie Jackson
7. Mother's Birthplace, Richmond Co., Va,
8. Full Name of Father, Thomas Ray
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return: Amanda Taylor Morris, M.D.

Address, 871 Harlem Ave

Remarks,

8930000005685

AMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 456 93.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh (7th)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1 30 93
4. Place of Birth, (Street and Number) 557 Orchard St
5. Full Name of Mother, Addie Coleman
6. Mother's Maiden Name, Addie Smith
7. Mother's Birthplace, Platt Co. Mo.
8. Full Name of Father, John Richard Coleman
9. Father's Occupation, Labour
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Amanda Taylor Hamil, M.D.

Address, 87 Harlem Ave

Remarks,

8930000586

Health.—This Return shall be made in duplicate, and the full name of each child, if any shall have been conferred, shall be delivered, duly signed by the practitioner in the office of Health. In case the birth of any child said schedule shall every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of mid-wifery, or should the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 31 1893.
4. *Place of Birth, (Street and Number)*	214 Primrose st.
5. *Full Name of Mother,*	Anna Faber.
6. *Mother's Maiden Name,*	Rehrmann.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Charles Faber
9. *Father's Occupation*	Can-maker
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return,	J. Schwaner Midwife.
Address,	832 Hanover st
Remarks,	

8 9 3 0 0 0 0 5 8 7

Health. This schedule shall contain as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 45621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	11 January 1893
4. *Place of Birth, (Street and Number)*	632 S. Fremont St
5. *Full Name of Mother,*	Katie Schmidt
6. *Mother's Maiden Name,*	Katie Kenne
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Schmidt
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	L. F. Reinhard
Address,	220 W. Madison Street
Remarks,	

8930000588

been conferred its rank, title, or other honorary designation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten to dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 13 93
4. Place of Birth, (Street and Number) 1734 Druid Hill Ave
5. Full Name of Mother, Mattie Wylie
6. Mother's Maiden Name, M Carpenter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edgar Wylie
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, D L Holloman M D

Address, 934 East A Baltimore

Remarks,

8930000589

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH A 1677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Name Raymond Randolph Eader

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 22nd 1893

4. Place of Birth, (Street and Number) 2147 West Lexington St.

5. Full Name of Mother, Alice A. Eader

6. Mother's Maiden Name, Grover

7. Mother's Birthplace, Baltimore City, Maryland

8. Full Name of Father, Jno. W. Eader

9. Father's Occupation, Carriage Trimmer

10. Father's Birthplace, Baltimore City, Maryland

Name of Medical Attendant, or other person who makes this Return. Paul E. Wm Fordney

Address, #1530 Harlem Ave.

Remarks,

18930000590

...and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered by the Commissioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health. In the manner and within the period above required, and shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Board shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 45628.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5—M

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 27 — 93

4. Place of Birth, (Street and Number) 2 E Wayne

5. Full Name of Mother, Amanda [redacted] Minz

6. Mother's Maiden Name, Levy

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Jacob Minz

9. Father's Occupation, Merchant

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. R W Dells

Address, 733 W Fayette

Remarks,

8930000591

been conferred) its sex, color, the full name and occupation of its parents, the number of the child of the mother (whether first, second or other child born), and the date of birth, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

EDW. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 45-674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	forth child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	2 January 1879
4. *Place of Birth, (Street and Number)*	184 Smith St
5. *Full Name of Mother,*	Annie Taylor
6. *Mother's Maiden Name,*	Annie Green
7. *Mother's Birthplace,*	Carroll Co Md
8. *Full Name of Father,*	Daniel Teller
9. *Father's Occupation*	Hard Labor
10. *Father's Birthplace,*	St Mary County
Name of Medical Attendant, or other person who makes this Return,	Mary E Bruce
Address,	1121 Saratoga st
Remarks,	

8 9 3 0 0 0 0 5 9 2

Health. This schedule shall contain a list of the names of each child, the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner become the duty of the person or persons required, and attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons required, and shall occur without the attendance immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 41630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Jan 6th 12 40 P M. 1893
4. Place of Birth (Street and Number), 552 S. Washington Av
5. Full Name of Mother, Catherine Rogers
6. Mother's Maiden Name, C. Bennett
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Conrad Rogers
9. Father's Occupation, Varnisher
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. James E D Windle M D

Address, 1701 Balto. St East

Remarks,

0930000593

The Baltimore Publishing Co., City Printers and Stationers

This Return is to be filled out as far as the same can be ascertained the full name of each child, the date and place of birth; and the said return and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth; and the said return shall set forth, its sex, color, the full name and occupation of its parents, the date and place of the first and third day of ferred, its sex, color, duly signed by the practitioner of Health. In case the birth of any child shall occur without shall be delivered, duly signed by the practitioner of Health. In case the birth of any child shall occur without each and every month to the office of the Commissioner, or should no other person be in attendance upon the the attendance of a physician or practitioner of midwifery, as above required, and any such person or persons matter, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars the Commissioner of Health, in the manner and within the period above required, and any such person or persons for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 15631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 12 1893

4. Place of Birth, (Street and Number) 546 Vincent st

5. Full Name of Mother, Lizzie Brooks

6. Mother's Maiden Name, Arthur

7. Mother's Birthplace, St Marys County Md

8. Full Name of Father, Ward Brooks

9. Father's Occupation Coal Driver

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mahs to Jones

Address, 112 Saratoga st

Remarks, 1893 0 0 0 0 5 9 4

This schedule shall contain a list of the births which have occurred since the last return of each child, (if any shall have been conferred,) the full name of each child, the full name and occupation of the parents, the date and place of birth, and the name and occupation of the physician in the form of a certificate the birth of any child in said schedule shall be delivered, duly signed by the Commissioner of Midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
Name Joseph Anton Schwarzer
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 January 1893
4. Place of Birth, (Street and Number) 1023 Cal Ave Schwarzer
5. Full Name of Mother, Lina Schwarzer Schwarzer
6. Mother's Maiden Name, Lienhart
7. Mother's Birthplace, Germany
8. Full Name of Father, Lorenz Schwarzer Schwarzer
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Ger.
Name of Medical Attendant, or other person who makes this Return, Anna Hess
Address, 923 N. Ann Ave.
Remarks,

8930000595

Health. This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become and within the period above required, such child to report its birth to the Commissioner of Health, in the manner and form prescribed by him; and the any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 13 V 66 32 W.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 January 1932
4. Place of Birth, (Street and Number) 1013 Bond St.
5. Full Name of Mother, Wilhelmina Walter
6. Mother's Maiden Name, ~~Walter~~ Schaeffer
7. Mother's Birthplace, Balto
8. Full Name of Father, Harold Walter
9. Father's Occupation, Boil
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 925 S. Carl Ave.

Remarks,

8930000596

Health. This section shall contain the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 January
4. *Place of Birth, (Street and Number)* 1124 Aisquith st.
5. *Full Name of Mother,* Lucie Bebel
6. *Mother's Maiden Name,* Schneckbeck
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* John Bebel
9. *Father's Occupation*
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Hall

Address, 725 N. Ont - St.

Remarks,

8930000597

Wm. J. C. Dulany Co., City Printers and Stationers

Health. The name must be set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 145634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 24th 1893
4. Place of Birth, (Street and Number) 915 Hilltop St.
5. Full Name of Mother, Cashpotine Mary
6. Mother's Maiden Name, Cashpotine Emery
7. Mother's Birthplace, New London Va.
8. Full Name of Father, Wm L Mary
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Sarah E Hall

Address, 2206 Elting St.

Remarks,

8930000598

Wm. J. C. Dulany Co., City Printers and Stationers.

Within thirty days after the birth of any child born alive in the City of Baltimore, the full name and occupation of the parents, or either of them, as the case may be, the sex, color, the full name and occupation of the parents, or either of them, as the case may be, the sex, color, the full name and occupation of the parents, or either of them, as the case may be, the sex, color

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 45633.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 24th 1893.
4. Place of Birth, (Street and Number) 1404 N. Broadway
5. Full Name of Mother, Caroline Hillegeist McConkey
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Henry L. Hillegeist
9. Father's Occupation, Engraver
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return, E B. Fenby. M. D.

Address, 1219 N. Caroline st

Remarks, 8930000599

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

Health, and shall set forth as far as the name can be ascertained the full name and place of birth; and the month, and shall set forth as far as the name can be ascertained the full name and place of birth; and the been conferred, duly signed by the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case of no other person to be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the mother, immediately thereafter fail to comply with the provisions of this section shall be sub- Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 4636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 24th 1893
4. *Place of Birth, (Street and Number)* 125 N. Front St.
5. *Full Name of Mother,* Rosa Johanna Aldrich
6. *Mother's Maiden Name,* " " Eckardt.
7. *Mother's Birthplace,* Leipzig Germany.
8. *Full Name of Father,* Elmer Ellsworth Aldrich.
9. *Father's Occupation* Foreman in Laundry.
10. *Father's Birthplace,* Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. N. Martenet

Address, 1441 Mary Street

Remarks,

8 9 3 0 0 0 0 0 6 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred in the family of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

12637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This Return is to be filled out as far as the same can be ascertained. The full name and place of birth; and the month and shall set forth as the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said second day of each and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the other person to in attendance shall occur upon the mother. Immediately thereafter it shall become and within the period above required, and shall occur upon the mother. Immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd	
1. *Sex, (state whether male or female)*	Male	
2. *Race or Color, (if not of the white race)*	White	(Did not find in 1893)
3. *Date of Birth.*	Dec. 27th 1892.	
4. *Place of Birth, (Street and Number)*	731 N. Eden st.	
5. *Full Name of Mother,*	Lula Dahle	
6. *Mother's Maiden Name,*	"	Schwinn
7. *Mother's Birthplace,*	Balto. City	
8. *Full Name of Father,*	George Dahle	
9. *Father's Occupation,*	Policeman	
10. *Father's Birthplace,*	Balto. City	
Name of Medical Attendant, or other person who makes this Return,	E. B. Fenby, M.D.	
Address,	1219 N. Carolina st	
Remarks,	8930000601	

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Over

A # 1638.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William W. Keene ~~Wade~~ 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 27th 1892. Record not filed in 1893
4. Place of Birth, (Street and Number) 1315 E. Monument st.
5. Full Name of Mother, Mollie V. Keene
6. Mother's Maiden Name, " " Wheeler
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Geo W. Keene
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st

Remarks.

8930000602

Health. This Return is to be filled out as far as the same can be ascertained the full name and place of birth and the month and shall set forth as far as the same can be ascertained the full name and place of birth and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be recoverable jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

A 1/5629

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color. (if not of the white race) Colored

3. Date of Birth. January 28th 1893

4. Place of Birth, (Street and Number) #435 Little Monument St

5. Full Name of Mother. Hattie Wilson Herson

6. Mother's Maiden Name. Hattie Wilson

7. Mother's Birthplace. Baltimore Md

8. Full Name of Father. James T. Herson

9. Father's Occupation. Laborer

10. Father's Birthplace. Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Dr. F. L. Leggett

Address, 535 Dolphin St.

Remarks,

8930000603

John Murphy & Co., City Printers and Stationers.

46640.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 8th 1893
4. *Place of Birth, (Street and Number)*	122 E. 22nd st
5. *Full Name of Mother,*	Mary Agnes Brown Corry
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Robert F. Brown
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Balto Co. Md
Name of Medical Attendant, or other person who makes this Return.	J. Harvey Hall M.D
Address,	807 N. Washington Ave.
Remarks,	8930000604

Health. The same shall be set forth as far as the same can be ascertained of its parents, the date and place of birth, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth, and month, and shall set forth the full name and occupation of its parents, the date and place of birth, and been conferred, its sex, color, the full name and occupation of the father in the form of a certificate between the first and said schedule shall be delivered, duly signed by the commissioner of nativity, or should no other person be in third day of each and every month to the office of the practitioner of midwifery, or should no other person be in attendance of a physician or practitioner it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner, in the manner and within the period above required, and immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the provisions of this section shall be child to report its birth to the commissioner of health, to comply with the provisions of this section shall be any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. G. BULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 45641.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 30. 93.
4. Place of Birth, (Street and Number) 162 N. Eden
5. Full Name of Mother, Rachel Winner
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Henry Winner
9. Father's Occupation, Europe
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Mrs C. Bernstein

Address, 122 S. Exeter st

Remarks,

8930000605

month, the sex, color, the full name and occupation of its parents, the date and place of birth, and the full maiden name of the mother, the number of children born to her, and whether the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred, his or her name, if any, and the full name and residence of the person who shall have shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 30. 1892

4. Place of Birth, (Street and Number) 108 S. Eliegh str

5. Full Name of Mother, Eda Jaffe

6. Mother's Maiden Name, Eyrope

7. Mother's Birthplace, Libau Jaffe

8. Full Name of Father, Leboder

9. Father's Occupation, Europe

10. Father's Birthplace, Mrs Cecilie Bernstein

Name of Medical Attendant, or other person who makes this Return. 122 S. Exeter str

Address,

Remarks, 8930000606

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

45643.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) maly
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 2. 93.
4. Place of Birth, (Street and Number) 1001 3 Stiles st
5. Full Name of Mother, Lizzie Dohler
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sache
9. Father's Occupation,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter st

Remarks,

6930000607

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and whether it be the first and been conferred), the sex, color,

RETURN OF A BIRTH. A 45644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 23. 98.
4. Place of Birth, (Street and Number) 234 Glenmore Ave
5. Full Name of Mother, Mary Lanceannon
6. Mother's Maiden Name, Flynn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick Lanceannon
9. Father's Occupation, Baltimore
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter St

Remarks,

8 9 3 0 0 0 0 6 0 8

months, and shall state the full name and occupation of its parents. The nine days [illegible] the first and been conferred; its sex, color, the full name and occupation of its parents. The nine days [illegible] between the first and said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 5th 1898
4. Place of Birth, (Street and Number)	# 1700 Bethel St
5. Full Name of Mother,	Mary E. Lanier
6. Mother's Maiden Name,	" " Betts
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frank E. Lanier
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	R. L. Rawlins M D
Address,	# 811 Jefferson Ave Baltimore Md
Remarks,	8930000609

Health. [illegible] as the same can be ascertained, the full name and occupation of the parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the date and place of birth; and the name conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child should occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall become the duty of the person or parents of such third day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall become the duty of the person or parents of such child, if able to do so, to report its birth to the Commissioner of Health, immediately thereafter. In the manner and within the period above required, and shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, immediately thereafter. In the manner and within the period above required, and attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

E. 45646.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 1893
4. *Place of Birth, (Street and Number)* 1 W. Mt. St
5. *Full Name of Mother,* Lucie Lester
6. *Mother's Maiden Name,* Lucie Virginia Bell
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Edward Lester
9. *Father's Occupation* Sail M.H.
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other person who makes this Return, E. L. Brooks M.D.

Address, 1525 Eutaw St

Remarks, Balto Md

8930000610

Health. This schedule shall give the same can be ascertained the full name of each child. If any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child in been complete shall be delivered at the office of the Commissioner of Health. In case the birth of any child in third day of each and every month to the physician or practioner of midwifery, or should no other person of such shall occur without the attendance of a physician or practioner of midwifery, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 7th 1893
4. Place of Birth, (Street and Number) # 695 Madison St. Waverly
5. Full Name of Mother, Alice - M - Morris
6. Mother's Maiden Name, " Shipley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alonza - D - Morris
9. Father's Occupation, House Carpenter
10. Father's Birthplace, Philadelphia Pa -

Name of Medical Attendant, or other person who makes this Return, R G Ramsin M D

Address, Waverly Station Balto md

Remarks, 8930000611

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45848.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 1st January 1893

4. Place of Birth, (Street and Number) 546 N. Biddle St.

5. Full Name of Mother, Grace Hesketh

6. Mother's Maiden Name, Grace Richardson

7. Mother's Birthplace, Baltimore City Md.

8. Full Name of Father, William Bailey Hesketh

9. Father's Occupation Driver

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Hector Cotance

Address, 609 N. Preston St.

Remarks,

B 9 3 0 0 0 0 6 1 2

Health. This schedule must be filled out as far as the name can be ascertained the full name of each child, if any should have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Female

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) 9 January 1893

3. Date of Birth, 1936 Hanover St

4. Place of Birth, (Street and Number) Same as

5. Full Name of Mother, Sara Farmer

6. Mother's Maiden Name, Belle Judd

7. Mother's Birthplace, Va

8. Full Name of Father, Luther

9. Father's Occupation, Engineer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Dr J Brooks

Address, 1922 Light St

Remarks, Going Well

8 9 3 0 0 0 0 6 1 3

Wm. J. C. Dulany Co., City Printers and Stationers

...shall set forth as far as the same can be ascertained, the full name, color, sex, and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the paid schedule shall be delivered every month to the office of the Commissioner of Health. In case no other person be in third day of each and every month to the office or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or midwife, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, it shall become and within the period above required, and immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub-jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 January 1922
4. *Place of Birth, (Street and Number)* 1515 Lake Ave
5. *Full Name of Mother,* Mary A England
6. *Mother's Maiden Name,* Mary A Hawks
7. *Mother's Birthplace,* Wilmington Del
8. *Full Name of Father,* Henry England
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1528 Lake Ave

Remarks, Dawn Hill

8930000614

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. Penalty.—Such certificate shall set forth as far as the same can be ascertained, the full name, sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45651.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 10. 93
4. Place of Birth, (Street and Number) 1305 Lombard str
5. Full Name of Mother, Lizzie Tremble
6. Mother's Maiden Name, Winkel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Tremble
9. Father's Occupation, Baltimore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. Baltimore
Address, 122 S. Exeter str
Remarks,

8 9 3 0 0 0 0 6 1 5

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and, if born alive, the sex, color,

RETURN OF A BIRTH. 466 W

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule is to be filled out as far as the same can be ascertained the full name of each person, and the month, and shall set forth as far as the same can be ascertained the full name of each person, and the place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other parties of such attendance upon the mother, immediately after its birth, to report the same, the duty of the person or persons required, and child to report it as aforesaid, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Male

1. *Sex,* (state whether male or female) White

2. *Race or Color,* (if not of the white race) [illegible]

3. *Date of Birth,* Nov. 5th 1893

4. *Place of Birth,* (Street and Number) [illegible]

5. *Full Name of Mother,* Eliza Welsh

6. *Mother's Maiden Name,* Eliza Welsh Gallagher

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* South Wales

9. *Father's Occupation* Tinner

10. *Father's Birthplace,* Tin Works

Name of Medical Attendant, or other person who makes this Return, C. A. Brooks

Address, 1828 Light St

Remarks, Dana Wels

8930000616

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. L-45600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W. Fe
3. *Date of Birth,* 13 January 1893
4. *Place of Birth, (Street and Number)* 131 S. Wolfe St
5. *Full Name of Mother,* Mary Thomas
6. *Mother's Maiden Name,* Mary Zimmerhouse
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Silas Thomas
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, E. A. Brooks

Address, 1528 Light St

Remarks, Dana Well

8930000617

Health. This return must be made as soon as the same can be ascertained the full name of each child, the sex, color, the date and place of birth; and the month, and shall set forth as far as the same and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter. It shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 45654

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 15th 1895

4. Place of Birth, (Street and Number) No 1310 Oliver St

5. Full Name of Mother, Maggie Sherman

6. Mother's Maiden Name, Maggie A Cox

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John H. Sherman

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Annie E. Godfrey

Address, 837 N. Central ave

Remarks, 6930000618

This schedule shall contain a list of the births which have occurred in the family of each householder, or any adult person having charge of such family, during the month preceding the date of such schedule, and the full name of each child born shall be set forth in the proper column, and the full name of the father and mother shall be given. This schedule shall contain a list of the births which have occurred in the family of each householder, or any adult person having charge of such family, during the month preceding the date of such schedule, and the full name of each child born shall be set forth in the proper column, and the full name of the father and mother shall be given. This schedule shall contain a list of the births which have occurred in the family of each householder, or any adult person having charge of such family, during the month preceding the date of such schedule, and the full name of each child born shall be set forth in the proper column, and the full name of the father and mother shall be given.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 11-6-51

RETURN OF A BIRTH. A 45666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Walter Ehrman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 15 1893
4. *Place of Birth, (Street and Number)*	# 628 Madison St Waverly
5. *Full Name of Mother,*	Sarah J. Ehrmann
6. *Mother's Maiden Name,*	" " Dilliburt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles E. Ehrmann
9. *Father's Occupation*	Stone Cutter
10. *Father's Birthplace,*	Washington City D.C.
Name of Medical Attendant, or other person who makes this Return,	R. G. Rankin M.D.
Address,	Waverly Station Balto. 2nd
Remarks,	

1893000061 9

Health. This schedule must be filled out as far as the same can be ascertained, the name of the child, the date and place of birth, and the name, and shall set forth as far as the same can be ascertained, the name of the child, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name by the practitioner in the form of a certificate between the first and been conferred; its sex, color, the full name by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed

RETURN OF A BIRTH A-45650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 January 1923
4. *Place of Birth, (Street and Number)* 812 Hanover St.
5. *Full Name of Mother,* Lillie Queen Shaw
6. *Mother's Maiden Name,* Lillie Lee Hyde
7. *Mother's Birthplace,* Talbot County, Maryland
8. *Full Name of Father,* Albert Shaw
9. *Father's Occupation* Baltimore Md
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, C. L. Brooks

Address, 632 Light St

Remarks, Home Well

8930000620

Health. This section must be filled out as far as the name can be ascertained; the full name of each child; and the month, and shall set forth as far as the name and occupation of its parents, the date and place of birth; and the been consented to by the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the practitioner of health. In case no other person be in third day of each and every month to the office of the Commissioner of midwifery, or should no other person be required, and shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

A 45687

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 January 1893
4. *Place of Birth, (Street and Number)* 2138 E Chase St
5. *Full Name of Mother,* Lena Bruning
6. *Mother's Maiden Name,* Lena Krause
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* John Bruning
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, C A Brooks

Address, 1515 Light St

Remarks, Drug Mill

8 9 3 0 0 0 0 6 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Return is to be filled out as far as the same can be ascertained the full name of each child, the sex, color, the month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 45638.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 17th 1893
4. *Place of Birth, (Street and Number)*	Light
5. *Full Name of Mother,*	# 712 Sallie H. Rowles
6. *Mother's Maiden Name,*	Walson
7. *Mother's Birthplace,*	N. C.
8. *Full Name of Father,*	Wesley H. Rowles
9. *Father's Occupation,*	S. B. Clerk
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	R. C. Lee
Address,	N. W. Cor Hanover & Barre St
Remarks,	

8 9 3 0 0 0 0 6 2 2

This form is to be filled out as far as the same can be ascertained from the parents, the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the name and occupation of the practitioner in the first and month, and shall set forth

RETURN OF A BIRTH. A 4563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Everett Butler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	W Lite
3. Date of Birth,	Jan 19th 1893
4. Place of Birth, (Street and Number)	Liberty St Waverly
5. Full Name of Mother,	Eunice W. Butler
6. Mother's Maiden Name,	" " Riddle
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John H. Butler
9. Father's Occupation	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	C. H. Rankin M D
Address,	Waverly Station Balto. Md
Remarks,	Full name of child added by mother when applying for transcript Eunice W Butler Butler 9-16-11

Health. This section must be filled as far as the name can be ascertained, the return stating the date and place of birth; and the month, and shall set forth as far as the name can be ascertained, the return stating the date and place of birth; and the month, and shall set forth as far as the name can be ascertained, the return stating the date and place of birth; and the been entered, dated, signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45660.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 1899

4. Place of Birth, (Street and Number) 612 Harper St

5. Full Name of Mother, Lula Pollard

6. Mother's Maiden Name, Lula Mary

7. Mother's Birthplace, Virginia

8. Full Name of Father, Isaac Pollard

9. Father's Occupation, Laborer

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, C. J. Brooks

Address, 612 Harper St

Remarks, Dang Well

8 9 3 0 0 0 0 6 2 4

Health. This Return must be made out as soon as the name can be ascertained the full name of child, the date and place of birth; and the month, and shall set forth as far as the name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of midwifery, or by the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 20th 93

4. Place of Birth, (Street and Number) 1507 E Preston

5. Full Name of Mother, Ada Sherman

6. Mother's Maiden Name, Billingslea

7. Mother's Birthplace, Md

8. Full Name of Father, Harry Sherman

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return J. B. Schwartz M.D

Address, 1003 N Duval

Remarks,

893000006 25

A 1-661

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 28th 1893
4. Place of Birth, (Street and Number) 1025 Druid Hill Ave
5. Full Name of Mother, Maggie Jackson
6. Mother's Maiden Name, Maggie Henry
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William S Jackson
9. Father's Occupation Produce Dealer
10. Father's Birthplace, Northampton Virginia

Name of Medical Attendant, or other person who makes this Return, Dr Easter Advance

Address, 209 W Preston St.

Remarks,

6930000626

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain the same can be ascertained the full name of each child, the sex and the month, and shall set forth as far as the same and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner with the provisions of this section shall be sub- any such person or persons who shall neglect fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Pair 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, January 25 1892
4. Place of Birth, (Street and Number) 5-07 Gold St
5. Full Name of Mother, Martha Ellen Tilghman
6. Mother's Maiden Name, Martha Allen Johnson
7. Mother's Birthplace, Anperandle County
8. Full Name of Father, Thomas Tilghman
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return. Maria Lewis

Address, 1337 Whatcoat St

Remarks,

8930000627

Health. [illegible] and shall set forth as far as the same can be ascertained of its parents, the date and place of birth, month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth, been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45664.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 28 1893
4. Place of Birth, (Street and Number) tyrant ave 1613
5. Full Name of Mother, Caroline Holborn
6. Mother's Maiden Name, Caroline addison
7. Mother's Birthplace, Howard Co Md
8. Full Name of Father, Samuel Holborn
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Maria Jones

Address, 1837 Pleasant St.

Remarks,

8 9 3 0 0 0 0 8 6 2 8

...shall set forth as far as the same can be ascertained of its parents, the date and place of birth, the first and ... month, and shall set forth its sex, color, the full name and occupation of a certificate between the first and ... been conferred, duly signed by the practitioner of health. In case the birth of any child ... said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in ... third day of each and every month to the office of the Commissioner of Health. In case the person or parents of such ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

880. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 145625.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) 1 male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 30. 93.
4. Place of Birth, (Street and Number) 108 market space
5. Full Name of Mother, Annie Greenbaum
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Greenbaum
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Henry C. Bernstein

Address, 122 S. Exeter St

Remarks,

8 9 3 0 0 0 0 6 2 9

month, and shall set forth as the full name and occupation of its parents, the name which has been given to such child between the first and been conferred; the sex, color, the fully signed by the practitioner in the form of a certificate hereinafter provided. In case the birth of any child said schedule shall be delivered, duly office of the Commissioner of Health. In case no other person be in third day of each and every month to the physician or practitioner of midwifery, or shall on such person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and attendance upon birth to the Commissioner of Health, in the manner and within the period above specified, and child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

Wm. J. C. Dulany Co., City Printers and Stationers.

A 45-666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule must be filled out as far as the same can be ascertained. The full name and place of birth, and the month, and shall set forth as far as the same can be ascertained. The full name and occupation of its parents, the date and place of birth, and the been conferred; its sex, color, the full name and occupation of its parents, the date

RETURN OF A BIRTH. 45666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 31 '43
4. Place of Birth, (Street and Number) 422 S. Bond St.
5. Full Name of Mother, Sarah
6. Mother's Maiden Name, Hyder
7. Mother's Birthplace, [illegible]
8. Full Name of Father, Jake [illegible]
9. Father's Occupation, Clothing
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return Mrs. [illegible]

Address, 2115 High St

Remarks, 8 9 3 0 0 0 0 6 3 1

Health. This schedule shall [illegible] as the same can be ascertained. The full [illegible] and place of birth; and the month, and shall set forth as far as the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without a physician or practitioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. A 45667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31 January 1893

4. Place of Birth, (Street and Number) 1203 Harford Ave

5. Full Name of Mother, Maria Bellan

6. Mother's Maiden Name, Ballard Spencer Hart

7. Mother's Birthplace, Lodge Maryland

8. Full Name of Father, Felix Cassier

9. Father's Occupation, Baltimore Jct

10. Father's Birthplace, Md Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr J Brooke

Address, 1823 Fike St

Remarks, Living Well

8 9 3 0 0 0 0 6 3 2

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain the name can be ascertained the full name of each child born, the date and place of birth, and the month, and shall set forth as far as the name and occupation of its parents, the date and place of birth, and the been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of midwifery, or the person or parents of such third day of each and every month to the office of the Commissioner of Health, or shall no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter. It shall become the duty of the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

4668.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 st January
4. Place of Birth, (Street and Number) 1333 Guilford Ave Balto
5. Full Name of Mother, Mrs Mary Gilby
6. Mother's Maiden Name, Miss Mary Carson.
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr Edward Gilby
9. Father's Occupation Oyster Dealer.
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Wooden

Address, 883 Guilford Ave

Remarks,

8930000633

Baltimore of such birth, and shall enter the same on blanks to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A No 669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 31st 1893
4. *Place of Birth, (Street and Number)*	Montebello Ave
5. *Full Name of Mother,*	Eda M. Leonard
6. *Mother's Maiden Name,*	" George
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry M. Leonard
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	R G Rankin M D
Address,	Waverly Station Balto md
Remarks,	

8930000634

Health. This schedule must be filled out as far as the same can be ascertained, the name, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained, the name, the date and place of birth, and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 1st 1893
4. Place of Birth, (Street and Number) 208 S. Calhoun St.
5. Full Name of Mother, Mary Miller
6. Mother's Maiden Name, Wilkins
7. Mother's Birthplace, Anne Arundel Co. Md.
8. Full Name of Father, John L. Miller
9. Father's Occupation, Pattern-maker
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. John Neff M.D. for Mary Connelly

Address,

Remarks, 8930000635

This schedule shall contain as near as may be ascertained the full name of each child born; and the month, and shall set forth as far as the same can be ascertained the full name of each child born; and the health. This schedule shall contain as far as the same can be ascertained the full name of each child born; and the month, and shall set forth as far as the same can be ascertained the full name of each child born; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or practitioner, in the manner and within the period above required, and child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C Dulany Co, City Printers and Stationers.

RETURN OF A BIRTH. A 43671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain, as near as the same can be ascertained, the full name and place of birth; and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every instance of a physician or practitioner, the duty of the person required, and shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 22/93
4. Place of Birth, (Street and Number) 814 August St
5. Full Name of Mother, Mary J. C. Emory
6. Mother's Maiden Name, Mary J. C. Morgan
7. Mother's Birthplace, Balto
8. Full Name of Father, Thos Julian Emory
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. Seymour Key

Address, 819 E. Chase St

Remarks,

8930000636

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 16: 93
4. Place of Birth, (Street and Number) 1809 N. Calvert St
5. Full Name of Mother, Mary Simms
6. Mother's Maiden Name, Courlander
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Simms
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. P. C. Williams

Address, 1128 Cathedral St

Remarks,

8 9 3 0 0 0 0 6 3 7

regulations of the Board of Health. This schedule shall contain the full name and occupation of its parents, the date and place of birth, and shall set forth as far as the same can be ascertained, the date and place of marriage of said parents, the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents

RETURN OF A BIRTH. A 45673.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19: 98
4. Place of Birth, (Street and Number) 17 W. Biston
5. Full Name of Mother, Grace Holt
6. Mother's Maiden Name, Cafsard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Oscar E Holt
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, D. C. Williams

Address, 1128 Cathedral St

Remarks,

8930000638

This schedule shall contain as far as can be ascertained the facts, the date and place of birth, the first and middle name of the child, the full name and occupation of its parents, the date and place of their marriage, and the number of children born to the mother, including the present birth, specifying the number of those born alive and the number now living. In case the birth of any child has been concealed, the fact shall be stated. In case of a still-born child, the cause of death, if known, shall be stated. This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such month, and shall set forth as far as the facts can be ascertained the date and place of birth, the first and middle name and occupation of its parents, the date and place of their marriage, and the number of children born to the mother, including the present birth, specifying the number of those born alive and the number now living. In case the birth of any child has been concealed, the fact shall be stated. In case of a still-born child, the cause of death, if known, shall be stated. This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such said schedule shall and every month to the office of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A. 45674

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 12 1893
4. Place of Birth, (Street and Number) 930 Hilline St
5. Full Name of Mother, Virginia Connell
6. Mother's Maiden Name, Virginia Morgan
7. Mother's Birthplace, Worcester Howard County
8. Full Name of Father, E. L. Connelly
9. Father's Occupation Tube Fitter
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Chas. A. Leitch

Address, #735 W. Pratt St

Remarks,

8930000639

...C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain as near as can be ascertained, the full name and place of birth; and the same as for as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the health, and shall set forth as far as the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the full name and occupation of its parents, the date and place of birth; and the sex, color, duly signed by the Commissioner of Midwifery, or should no other person or parents of such been conferred, duly signed by the Commissioner of Midwifery, or should no other person or parents of such said schedule shall be delivered, duly to the office of practioner of midwifery, or should no other person or parents of such third day of each and every month of a physician it shall become and within the this section shall be sub-shall occur without the mother, immediately thereafter, in the manner and within the provisions of this section shall be sub-attendance upon the birth to the Commissioner of Health to comply with the provisions of the other fines and forfeitures are recoverable. child to report its birth to the Commissioner of Health to comply with the provisions of the other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of the other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex,* (state whether male or female) Male

2. *Race or Color,* (if not of the white race) Col

3. *Date of Birth,* June 5 1900

4. *Place of Birth,* (Street and Number) 1 E. Lanvale St

5. *Full Name of Mother,* Ella Lucas

6. *Mother's Maiden Name,* Ella Williams

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Chas C. Lucas

9. *Father's Occupation* Clerk

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Chas C. Lucas

Address, 1735 N Paca St.

Remarks,

8 9 3 0 0 0 0 6 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

1893=10 RETURN OF A BIRTH. 42676.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c,) 1-

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 1 - 1893
4. Place of Birth, (Street and Number) 2117 N. Calvert
5. Full Name of Mother, Elizabeth D. Reinle
6. Mother's Maiden Name, " " Elmer.
7. Mother's Birthplace, New Jersey
8. Full Name of Father, Edward Reinle
9. Father's Occupation, Horse Car Inspr
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, Theodore Cook M.D.

Address, 914 N. Charles St

Remarks,

8930000641

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A. 40677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 93
4. Place of Birth, (Street and Number) # 833 Montford ave Baltimore City
5. Full Name of Mother, Mrs Annie Eisenberg
6. Mother's Maiden Name, Annie Jamerich
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Albert H Eisenberg
9. Father's Occupation Tobacconist
10. Father's Birthplace, North Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Adolph L. Eisenberg

Address, 833 Montford ave Baltimore City

Remarks,

8930000642

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 1th
4. Place of Birth, (Street and Number) Balti 314 Register St
5. Full Name of Mother, Ida E Jakins
6. Mother's Maiden Name, Ida E Thurley
7. Mother's Birthplace, Balti City
8. Full Name of Father, Fredrick Jakins
9. Father's Occupation, Carching
10. Father's Birthplace, Balt city

Name of Medical Attendant, or other person who makes this Return, Mary Peregay

Address, 1903 Gough St

Remarks, 8930000643

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

45679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	M.
2. Race or Color, (if not of the white race)	W.
3. Date of Birth,	Feb. 1st 3 a.m.
4. Place of Birth, (Street and Number)	744 Mulberry St
5. Full Name of Mother,	Mary C. Grove
6. Mother's Maiden Name,	Jones
7. Mother's Birthplace,	Kent Co. Md.
8. Full Name of Father,	Richard Grove
9. Father's Occupation	Merchant
10. Father's Birthplace,	Kent Co. Md
Name of Medical Attendant, or other person who makes this Return,	H. T. Reynolds M.D.
Address,	2004 St. Paul St.
Remarks,	

8930000644

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 14680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 1
4. Place of Birth, (Street and Number) 1306 Marker St.
5. Full Name of Mother, Maud T. Mandrella
6. Mother's Maiden Name, Maud Farrar
7. Mother's Birthplace, Springfield Mass.
8. Full Name of Father, John H. Mandrella
9. Father's Occupation, Clerk
10. Father's Birthplace, Media Penna

Name of Medical Attendant, or other person who makes this Return, Robt Kuhn

Address, ~~220~~ 220 N Gilmore

Remarks,

8930000645

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 45681.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st Inst.
4. *Place of Birth, (Street and Number)*	316 Duncan Alley,
5. *Full Name of Mother,*	Matilda Heuser
6. *Mother's Maiden Name,*	Matilda Heuser
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John A. Heuser
9. *Father's Occupation,*	Baker.
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary A. Perine.
Address,	241 S. Chester
Remarks,	8930000646

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the facts, the date and place of birth, and the full name and occupation of its parents. In case the birth of any child has been referred to the Commissioner of Health in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and sex, color, the full name and occupation of its parents, the date and place of birth, and the said every month to the office of the Commissioner of Health. In case the birth of any child referred to the sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the physician or practitioner of midwifery, or of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-

1. Sex, (state whether male or female) Female-
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 1 - 1893-
4. Place of Birth, (Street and Number) 410 N. Paine st.
5. Full Name of Mother, Herman Robert Zitzer
6. Mother's Maiden Name, Miss Annie Wolch-
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Herman Robert Zitzer
9. Father's Occupation, Bar tender
10. Father's Birthplace, Carlisle Cumberland Co. Pa

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 2301 Poplar Grove St

Remarks,

8930000647

Every midwife shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 45883.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) Fifth

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* February 1st 1903
4. *Place of Birth,* (*Street and Number*) 37 Bradley St
5. *Full Name of Mother.* Ella Lipsude
6. *Mother's Maiden Name.* Ella Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father.* James Henry Lipsude
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return — D. J. Mordecai M.D. / T. J. Pratt

Address,

Remarks.

8930000006418

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ANY & CO., CITY PRINTERS AND STATIONERS.

A 15884

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna May Shimp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 1, 1923
4. Place of Birth, (Street and Number) Harford Rd., nr. Erdman ave.
5. Full Name of Mother, Clara Shimp.
6. Mother's Maiden Name, Clara McShane.
7. Mother's Birthplace, Pennsylvania.
8. Full Name of Father, Fred J. L. Shimp.
9. Father's Occupation Baker
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Guy A. Chenault M.D.

Address, 1741 Harford Ave.

Remarks, GIVEN NAME ADDED 3-20-52

1893000649

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-21-51

RETURN OF A BIRTH. A 14568.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Leo Sewell

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	W.
3.	*Date of Birth,*	Feby. 1 1943
4.	*Place of Birth, (Street and Number)*	317 S. Bond
5.	*Full Name of Mother,*	Catherine Sewell
6.	*Mother's Maiden Name,*	Casgrove
7.	*Mother's Birthplace,*	"B.C."
8.	*Full Name of Father,*	Wm. F. C. Sewell
9.	*Father's Occupation,*	Ship Joiner
10.	*Father's Birthplace,*	Md.
	Name of Medical Attendant, or other person who makes this Return,	Geo. L. Williams
	Address,	2206 S. Bond
	Remarks,	

8930000650

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

#1686.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 1st February 1893
4. Place of Birth, (Street and Number) 510 Madison St
5. Full Name of Mother, Katie Hemrick
6. Mother's Maiden Name, Keckler
7. Mother's Birthplace, Balto
8. Full Name of Father, James Hemrick
9. Father's Occupation Stevedore
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr. L. Dyer

Address, 1407 E. Monument St.

Remarks,

8 9 3 0 0 0 0 6 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

To prevent the registration of a birth, the same must be reported to the Registrar of Vital Statistics within three days after the birth has occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Filed D 513 CERTIFICATE AMENDED 11/2/17 Mch.

RETURN OF A BIRTH. A 45687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Therese M. Eder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, born 2 February 1893
4. Place of Birth, (Street and Number) 519 N Wolfe St
5. Full Name of Mother, Frances Eder
6. Mother's Maiden Name, Rusch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Eder
9. Father's Occupation Brass maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm L Guss

Address, 1907 E Monument St

Remarks, 8 Filed 0 1893652

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 41688.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 6th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 Febr
4. Place of Birth, (Street and Number) 1072 Kalmer st
5. Full Name of Mother, Anna Heillaman
6. Mother's Maiden Name, Anna Kaney
7. Mother's Birthplace, Germany
8. Full Name of Father, Robert Heillaman
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Schuman

Address, 409 South Bond st.

Remarks, 8930000653

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 15689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Feb 2nd 1893
4. *Place of Birth, (Street and Number)*	# 1805 Dover Str
5. *Full Name of Mother,*	Mrs Katie Viechsman
6. *Mother's Maiden Name,*	Miss " Eichenger
7. *Mother's Birthplace,*	Wurtenberg Germany
8. *Full Name of Father,*	George Viechsman
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Wurtenberg Germany
Name of Medical Attendant, or other person who makes this Return	Mrs Heller
Address,	2127 W Pratt Str
Remarks,	1893000654

Every person who shall neglect or refuse to furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46890.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, 2293
4. Place of Birth, (Street and Number) 736 W. Mulberry
5. Full Name of Mother, Lilly Grace Gleason
6. Mother's Maiden Name, Ergenbett
7. Mother's Birthplace, Balto
8. Full Name of Father, Jno. Wm. Gleason
9. Father's Occupation, Car Conductor
10. Father's Birthplace, Prede. Co. Md

Name of Medical Attendant, or other person who makes this Return. Louis M. Eastman

Address, 772 N Lexington St.

Remarks Forceps

8930000655

... and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 4589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Feb 2 nd 1893
4. *Place of Birth, (Street and Number)*	# 312 Forrest Str
5. *Full Name of Mother,*	Mrs Maggie Bahmer
6. *Mother's Maiden Name,*	Hiffs " Sodes
7. *Mother's Birthplace,*	Bayern Germany
8. *Full Name of Father,*	Johann Bahmer
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt Str
Remarks,	6930000656

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 15697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 of February 1893
4. *Place of Birth, (Street and Number)* 512 N Spring Street
5. *Full Name of Mother,* Mary Ch. Schmidt
6. *Mother's Maiden Name,* Mary Ch. Hartmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank C. Schmidt
9. *Father's Occupation* Watchmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dr. Christian Lenz

Address, 1057 Hanford Ave

Remarks, Baltimore Md

8930000657 / 93

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 15693.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 2 1923.
4. Place of Birth, (Street and Number) 1503 N. Central ave.
5. Full Name of Mother, Rose Garrett.
6. Mother's Maiden Name, Rose Connelly.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Pebble Garrett
9. Father's Occupation, Shoemaker.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. Lee Edwards M.D.

Address, 1741 Harford ave.

Remarks, 1893U000658

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45694

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 2nd 93
4. Place of Birth (Street and Number)	1116 N. Eden St
5. Full Name of Mother	Martha Manners
6. Mother's Maiden Name	Martha Jones
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Manners
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John H. Gotton M.D.
Address	1120 N. Gay St
Remarks	

6930000659

[illegible] any person, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 2 - 1893
4. Place of Birth, (Street and Number) 662 W. Fayette St
5. Full Name of Mother, Maggie E. Diamond
6. Mother's Maiden Name, Maggie E. Snyder
7. Mother's Birthplace, Maryland
8. Full Name of Father, Walter G. Diamond
9. Father's Occupation, Clerk
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return: H. H. Beidler M.D.

Address, 119 Saratoga St West

Remarks,

8930000660

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Over

RETURN OF A BIRTH. A 45896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male - Elmer Marzi
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 of February
4. Place of Birth, (Street and Number) 1605 East Eden St
5. Full Name of Mother, Florence Kramer
6. Mother's Maiden Name, Florence Marzi
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Marzi
9. Father's Occupation Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Christina Lewis

Address, 1059 Hanford Ave Baltimore Md

Remarks,

8930000661

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4/5697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Nellie Bieky

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2nd February, 1893
4. *Place of Birth, (Street and Number)*	630 W Mulberry st
5. *Full Name of Mother,*	Ella Bieky
6. *Mother's Maiden Name,*	Ella Conelly
7. *Mother's Birthplace,*	Bloomington Md
8. *Full Name of Father,*	August F Bieky
9. *Father's Occupation*	Paperhanger
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Bauder
Address,	1005 Cross st
Remarks,	8-18-52

8 9 3 0 0 0 0 6 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-19-58

RETURN OF A BIRTH

A 45698.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Nelson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb - Feby 2 — 93
4. Place of Birth, (Street and Number) 1971 W Fayette
5. Full Name of Mother, Lillie Nelson
6. Mother's Maiden Name, " Dix
7. Mother's Birthplace, ~~Va~~ Virginia
8. Full Name of Father, J. G. Nelson
9. Father's Occupation, Mariner
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. W W Ellis

Address, 737 W Fayette

Remarks,

8930000663

Given that the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. B. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 45699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	Feb 3d 1893
4. *Place of Birth, (Street and Number)*	1009 Saratoga St
5. *Full Name of Mother,*	Fannie Hooper
6. *Mother's Maiden Name,*	Fannie Giddings
7. *Mother's Birthplace,*	Accomac County Va
8. *Full Name of Father,*	William B Hooper
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Charlotte Williams
Address,	910 Linden-Hall St
Remarks,	Fine dollars

8 9 3 U 0 0 0 6 6 4

...the births which have occurred under his or her care during the ... as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to promply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 45700.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: William F Herman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd of January
4. Place of Birth, (Street and Number) 420 S Regester St
5. Full Name of Mother, Elizabeth German
6. Mother's Maiden Name, Baumgartner
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Frederick A German
9. Father's Occupation Carpenter
10. Father's Birthplace, Balt, Md

Name of Medical Attendant, or other person who makes this Return, M A Donegan

Address, 2024 E Pratt St

Remarks, Dr 89300006665 Home Well

Been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45701.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd January 1893
4. Place of Birth, (Street and Number) 109 N. Alexander St
5. Full Name of Mother, Margaret Bailey
6. Mother's Maiden Name, Thomas
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernest Bailey
9. Father's Occupation Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. A. Davidson

Address, 2024 E. Pratt St

Remarks, Living Well

6 9 3 0 0 0 0 6 6 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	February 3d 1893
4.	*Place of Birth, (Street and Number)*	1718. E. William. St
5.	*Full Name of Mother,*	Elizebeath Seifer
6.	*Mother's Maiden Name,*	Elizebeath Woolslager
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	John Seifer
9.	*Father's Occupation,*	gardner
10.	*Father's Birthplace,*	Baltimore md
	Name of Medical Attendant, or other person who makes this Return,	Ellenora. a. anderson
	Address,	1434 Patapsco. St
	Remarks,	

8930000667

... month, and shall set forth as far as the same can be ascertained the full name and place of birth, and the ... been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable ...

... by the Commissioner of ... occurred under his or her care during the ... each child. If any shall have ... and place of birth, and the ... of each child ... between the first and ... In case the birth of any child ... no other person is to ... of midwifery, or should no ... or parents of such ... above required, and ... the period above ... of this section shall be sub- ... recoverable ...

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 40703.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 3 February
4. Place of Birth, (Street and Number) 608 N Biddle street
5. Full Name of Mother, Louisa Barbour
6. Mother's Maiden Name, Louisa McCann
7. Mother's Birthplace, Shepherdtown W Va
8. Full Name of Father, Eddie Barbour
9. Father's Occupation Waiter
10. Father's Birthplace, W Va

Name of Medical Attendant, or other person who makes this Return, Selecture Cooke

Address, 444 Bradely st

Remarks,

8 9 3 0 0 0 0 6 6 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 48904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3. of February
4. *Place of Birth, (Street and Number)*	717 Cannon St
5. *Full Name of Mother,*	Mrs Maggie Kramer
6. *Mother's Maiden Name,*	Maggie Ott
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Harry F. Kramer
9. *Father's Occupation,*	Iron Molder
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Miss Mary Kramer
Address,	940 Lancaster St
Remarks,	

8930000669

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 4570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 4th 1893
4. Place of Birth, (Street and Number) 1944 Light. St
5. Full Name of Mother, Clara May Smith
6. Mother's Maiden Name, Clara May Edwards
7. Mother's Birthplace, Baltimore . md
8. Full Name of Father, John . W. Smith
9. Father's Occupation, Brakeman . R.R
10. Father's Birthplace, Baltimore . md

Name of Medical Attendant, or other person who makes this Return, Ellenora a. anderson

Address, 1434 Patapsco . St

Remarks,

1893 0000670

Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 4th 1893
4. *Place of Birth, (Street and Number)* 824 N. Front
5. *Full Name of Mother,* Sarah Ann Morgan
6. *Mother's Maiden Name,* " " Corrigan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard A Morgan
9. *Father's Occupation.*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr Shipley Mch 5

Address, 711 N Calvert

Remarks,

8 9 3 0 0 0 0 6 7 1

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45707.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, february 11 / 4 1893
4. Place of Birth, (Street and Number) Pearl Alley No 1029
5. Full Name of Mother, Lilley Spence
6. Mother's Maiden Name, Lilley Pasmer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Pasmer
9. Father's Occupation, laborer
10. Father's Birthplace, Fredieburg via

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Wilson

Address, 115 west Henry st

Remarks, full 9 months

1893000672

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 115708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, February 4 1899
4. Place of Birth, (Street and Number) Olney 1837
5. Full Name of Mother, Liddy Ray Holden
6. Mother's Maiden Name, Lilly Holden
7. Mother's Birthplace, Cambridge
8. Full Name of Father, William Holden
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Jane Miller

Address, No 117 wet Henry st

Remarks, full 9 months

1893000673

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Births and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, febuary th 4 1893
4. Place of Birth, (Street and Number) mangamery st 192
5. Full Name of Mother, Estelet smith
6. Mother's Maiden Name, Estafet Hapkins
7. Mother's Birthplace, North Caroliner Virginia
8. Full Name of Father, William smith
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Carrat Jane Wilson

Address, 113 west Henry st

Remarks, ful 9 month

8930000674

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 1st
4. Place of Birth, (Street and Number) Cannon & North Ave
5. Full Name of Mother, Emma Suber
6. Mother's Maiden Name, Emma Grindell
7. Mother's Birthplace, Frederick County
8. Full Name of Father, August H. Suber
9. Father's Occupation, Lumber Dealer
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Thos Wm Walker

Address, No. 125 N. Bond Street

Remarks,

8930000675

The Law. The Law shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4/5/11.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 of February
4. *Place of Birth, (Street and Number)* 1013 Griffith St
5. *Full Name of Mother,* Louise M. Ross
6. *Mother's Maiden Name,* Louise M. Winter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank L. Ross
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Christina Lewis

Address, 1039 Hanford Ave

Remarks, Baltimore Md

8 9 3 0 0 0 0 6 7 / 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

4597/17

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	5th of Feb
4. *Place of Birth, (Street and Number)*	Balto Md 137 Hamiett a St.
5. *Full Name of Mother,*	Josephine Eliza Carroll
6. *Mother's Maiden Name,*	Josephine Eliza Holton
7. *Mother's Birthplace,*	Oxen Hill Md.
8. *Full Name of Father,*	Nathaniel Monroe Carroll
9. *Father's Occupation*	Minister
10. *Father's Birthplace,*	Calvert Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Catherine Jones
Address,	507 N. Lloyd St
Remarks,	X 6930000677

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 4574/3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Febr. 5 - 1893
4. Place of Birth, (Street and Number) 2220 Orleans st
5. Full Name of Mother, Maggie Gunselmann
6. Mother's Maiden Name, " Dietz
7. Mother's Birthplace, City
8. Full Name of Father, Georg Gunselmann
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. P. G. Dausch[illegible]

Address, 1729 E. Baltimore st

Remarks,

8930000678

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

H.57 1F

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 8th 1873
4. *Place of Birth (Street and Number)*	41½ Hanover st
5. *Full Name of Mother*	Ella Johnson
6. *Mother's Maiden Name*	Ella Sutton
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	John Mason Johnson
9. *Father's Occupation*	Collector
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	E. Whitehead, M.D.
Address	526 S. Howard
Remarks	

8930000679

GIVEN NAME ADDED 1-31-57

RETURN OF A BIRTH.

A 1375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Anna Belle ~~Smith~~ 3rd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 4th 1895.
4. Place of Birth, (Street and Number) Bradford Alley.
5. Full Name of Mother, Marinda Smith
6. Mother's Maiden Name, Marinda Holmes
7. Mother's Birthplace, Virginia
8. Full Name of Father, James Smith
9. Father's Occupation, Labor
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Dealia Howard

Address, # 1013 N E Chapel Street.

Remarks, " " " " " " " "

1893000006 80

Each child born alive in the City of Baltimore shall be reported to the Commissioner of Health, by the physician or midwife in attendance, within ten days after the birth, and in case there be no physician or midwife in attendance, then by the father, mother, householder or owner of the premises where the birth occurs, within ten days after the birth, and before the burial of the child. Such report shall state the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14376.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) = 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Feby 4th 1893
4. Place of Birth, (Street and Number) 18th 11 Vine St
5. Full Name of Mother, Lelia Garrison
6. Mother's Maiden Name, Lelia Pierce ~~Pe~~
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Geo E Garrison
9. Father's Occupation, Driver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Ann Johnson

Address, 704 Pleasant St

Remarks,

8930000681

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 4th 1893.
4. Place of Birth, (Street and Number) 1410 Brunt St
5. Full Name of Mother, Sedonia Garrison
6. Mother's Maiden Name, Sedonia Garrison
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Alonzo Mason
9. Father's Occupation, Waiter
10. Father's Birthplace, Petersburg Va

Name of Medical Attendant, or other person who makes this Return, c Amanda Taylor Bonitz M.D.

Address,

Remarks, 8930000682

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

If any person shall wilfully refuse or neglect to make the return of any birth required by this section, as far as the name can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A 45718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Joseph Frank F Nagel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 t

1. Sex, (state whether male or female) B. Ca
2. Race or Color, (if not of the white race) Weiß
3. Date of Birth, 4 Ten Februar 1893
4. Place of Birth, (Street and Number) Jasper H. No 1273
5. Full Name of Mother, Lina Nagel
6. Mother's Maiden Name, Eisrich
7. Mother's Birthplace, Bayern
8. Full Name of Father, Wilhelm Nagel
9. Father's Occupation Bäcker
10. Father's Birthplace, Germanien

Name of Medical Attendant, or other person who makes this Return,

Address, Karoline Stevens Fort Ely N. 434

Remarks, 8930000683

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, February 11 1893.
4. Place of Birth, (Street and Number) #639 S. Howard st.
5. Full Name of Mother, Amanda F. Collick
6. Mother's Maiden Name, Amanda F. Handy
7. Mother's Birthplace, Spar Hill, Worcester county Md.
8. Full Name of Father, John Henry Collick
9. Father's Occupation, Driver
10. Father's Birthplace, Snow Hill Worcester county Md.

Name of Medical Attendant, or other person who makes this Return. Millie G Goss

Address, #213 York st.

Remarks,

8930000684

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

If any child shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 45720.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Febuary 4th 1893.
4. Place of Birth, (Street and Number) No 520 St Marys St.
5. Full Name of Mother, Annie M. Tilghman
6. Mother's Maiden Name, Annie M. Bolden.
7. Mother's Birthplace, Queens Anns County Md.
8. Full Name of Father, Charles Tilghman
9. Father's Occupation, Coachman
10. Father's Birthplace, Cumberland Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Fannie Myers.

Address, No 223 Clay St.

Remarks, 8930000685

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 4th 1898
4. *Place of Birth, (Street and Number)* 1405 Bruce st
5. *Full Name of Mother,* Catharine Johnson
6. *Mother's Maiden Name,* Catharine Washington
7. *Mother's Birthplace,* Charles County Md.
8. *Full Name of Father,* Wm. Henry Johnson
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Howard county Md

Name of Medical Attendant, or other person who makes this Return. Matilda Johnson

Address, 1408 Bruce St Balto Md

Remarks,

8 9 3 0 0 0 0 6 8 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 5777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 3 1893
4. *Place of Birth, (Street and Number)*	1115 Light st
5. *Full Name of Mother,*	Katie Boll. Mueller
6. *Mother's Maiden Name,*	Boll
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Mueller.
9. *Father's Occupation*	Butcher.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser Midwife.
Address,	1132 Hanover st.
Remarks,	

1893000000687

The mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Feby 5th 1893
4. Place of Birth, (Street and Number) 605 Pierce Alley
5. Full Name of Mother, Josephine Bowes
6. Mother's Maiden Name, Josephine Upsher
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Jno J Bowes
9. Father's Occupation, Hackman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Johnson

Address, 704 Pierce Alley

Remarks,

6930000688

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 14574.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(covers)

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female Mary Lydia Volz
2. Race or Color, (if not of the white race)
3. Date of Birth, February 5th 1893
4. Place of Birth, (Street and Number) 916 W. Mulberry Street
5. Full Name of Mother, Helen Volz
6. Mother's Maiden Name, Helen Hinke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Volz
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Telegunda Schleifer

Address, 641 S. Fourth Street

Remarks,

1 8 9 3 0 0 0 0 6 8 9

Wm J C. Dulany Co., City Printers and Stationers.

Every child born within the City of Baltimore shall be registered, and the parent, householder, or other person having charge of such child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. H5725

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

...d of Mother, (state whether 1st, 2d, 3d, &c.)	7th
...whether Male or Female)	male
Color (if not of the white race)	Colored
Birth	Feb. 5th
Birth (Street and Number)	No 1104 Druid Street
...ne of Mother	Lizzie Sedgwick
Maiden Name	Lizzie Mobley
Birthplace	Annapolis
...ne of Father	Horace Sedgwick
Occupation	Labor
Birthplace	Baltimore
Medical Attendant, or other Person who makes this return	Charity Dr. Boulden 808 Stockholm Street Doing Well

1893 0000690

...CITY PRINTERS AND STATIONERS.

A-45720.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female Child
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 6 Februar 8
4. Place of Birth, (Street and Number) Baltimore No Spring St
5. Full Name of Mother, Sarah Wolfe
6. Mother's Maiden Name, Sarah Sommers
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Wolfe
9. Father's Occupation, Laborer man
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Miss Murray Rebecca

Address, # 1412 Jefferson St

Remarks, 1893000691

Wm. J. C. Dulany Co., City Printers and Stationers.

A 45727.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 February 1893

4. Place of Birth, (Street and Number) 923 N Linwood

5. Full Name of Mother, Mary Schenck

6. Mother's Maiden Name, Mary Wicker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, J Schenck

9. Father's Occupation, House Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks, 18930000692

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 45778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White.
3. Date of Birth,	Feb 6th 1893.
4. Place of Birth, (Street and Number)	2015 St Paul St.
5. Full Name of Mother,	Sallie Norris.
6. Mother's Maiden Name,	" Paul.
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Harry O Norris.
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return	D W Cathell M D
Address,	1308 N Charles St
Remarks,	8930000693

...each child, if any shall have been omitted; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. BALANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 729

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Feb 6, 93
4. Place of Birth, (Street and Number) 323 S. Green St.
5. Full Name of Mother, Mrs. Clara Belindia Barton Cade
6. Mother's Maiden Name, Miss " " Barton
7. Mother's Birthplace, ~~Md~~ Balt. Md.
8. Full Name of Father, George Edwin Cade
9. Father's Occupation, Iron Molder
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, C. C. Lusk M.D.

Address, 1000 E. Baltimore St.

Remarks, Asthma Hospital Maternity

8930000694

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH,

45730

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	January 6. 93
4. *Place of Birth, (Street and Number)*	648 Bruna St
5. *Full Name of Mother*	Lilie Stearns
6. *Mother's Maiden Name*	Lilie Cadwalader
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Howard Stearns
9. *Father's Occupation*	Collector
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. Tracey
Address	651 Mad Av.
Remarks	

0 9 3 0 0 0 0 6 9 5

Every Birth of any Child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

A 45731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 6. 1933

4. Place of Birth, (Street and Number) 512 St. Mary's St

5. Full Name of Mother, Lane Gordon

6. Mother's Maiden Name, Lone Fox

7. Mother's Birthplace, Calvert Co. Md

8. Full Name of Father, James Thomas Pinder

9. Father's Occupation Laborer

10. Father's Birthplace, Calvert Co. Md

Name of Medical Attendant, or other person who makes this Return, Mrs Louisa Lane

Address, 650 Jasper St.

Remarks, Baby

8 9 3 0 0 0 0 6 9 6

been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 15737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb the 6 1893
4. Place of Birth, (Street and Number) City 1135 Parish St
5. Full Name of Mother, Lizzie Chase
6. Mother's Maiden Name, ~~Lizzie~~ Elizabeth Smith
7. Mother's Birthplace, Colored Co. Md
8. Full Name of Father, Franklin Chase
9. Father's Occupation Labor
10. Father's Birthplace, Colored Co Md

Name of Medical Attendant, or other person who makes this Return, M Jane Hazzen

Address, 1211 Parish St

Remarks,

8930000697

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 12-10-52

RETURN OF A BIRTH.

45733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gertrude Mary Drane

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb. 7th 1893
4.	*Place of Birth, (Street and Number)*	1718 N. Gay
5.	*Full Name of Mother,*	Mary Louisa Drane
6.	*Mother's Maiden Name,*	Mary Lo. Langeman
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Joseph H. Drain
9.	*Father's Occupation,*	Car Driver
10.	*Father's Birthplace,*	Balto.
	Name of Medical Attendant, or other person who makes this Return,	W. J. Walton M D
	Address,	1514 N. Broadway
	Remarks,	

6930000698

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45734.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d child,

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White,
3. Date of Birth, February 7.
4. Place of Birth, (Street and Number) 1136 Bank Street.
5. Full Name of Mother, Rebecca Lambach,
6. Mother's Maiden Name, Moris.
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Lambach.
9. Father's Occupation Shoemaker,
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. Getz.

Address, # 114 South Bond Street

Remarks,

8 9 3 0 0 0 0 6 9 9

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 45735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 7th 1893
4. *Place of Birth, (Street and Number)* Baltimore, 515 Oakland Ave
5. *Full Name of Mother,* Caroline Griffin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jerome Greene
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Jane Watt.

Address, 804 Sterling St.

Remarks,

8 9 3 0 0 0 0 7 0 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 157,36

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, ~~2d, 3d, &c.~~)

1. *Sex.* (*state whether* ~~male or~~ *female*)
2. *Race or Color.* (*if not of the white race*)
3. *Date of Birth.* February 7th 1893
4. *Place of Birth,* (*Street and Number*) 711, N. Caroline st-
5. *Full Name of Mother* Annie C. Reitemeyer
6. *Mother's Maiden Name.* " " Bange
7. *Mother's Birthplace.* Frederick Md
8. *Full Name of Father.* Wm. H. Reitemeyer
9. *Father's Occupation.* Fresco. Painter
10. *Father's Birthplace.* Maryland

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address. 200, N. Broadway-

Remarks.

893000007 01

...ST & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 7th 1893
4. Place of Birth, (Street and Number) No 1109 James St
5. Full Name of Mother, Lizzie Keif
6. Mother's Maiden Name, Lizzie Voigt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Keif
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, No 1517 Byrd St

Remarks,

1 8 9 3 0 0 0 0 7 0 2

Wm J C Dulany Co., City Printers and Stationers.

...shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable ...by the Commissioner of

RETURN OF A BIRTH. A 15738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	Feb 7th 1893
4. *Place of Birth, (Street and Number)*	881 Raburge st
5. *Full Name of Mother,*	Ida E Jones
6. *Mother's Maiden Name,*	Ida E Scriver
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Winfield Jones
9. *Father's Occupation,*	Lavor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Charlotte Williams
Address,	910 Lall Leaden-Hall st
Remarks,	five dollars

8930000703

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GEO. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) .....

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 7th 1893
4. Place of Birth, (Street and Number) 1229 South Eutaw St
5. Full Name of Mother, Hurtha Mathews
6. Mother's Maiden Name, Hurtha Sundlach
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Joseph A Mathews
9. Father's Occupation, Milk Dealer
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Jno McConnell M.D

Address, 926 Light St

Remarks,

8930000704

Wm J C. Dulany Co., City Printers and Stationers.

F 3424

GIVEN NAME ADDED 2-52

RETURN OF A BIRTH. A 45740.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Emilie Faust

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Feb 8 1893
4. *Place of Birth, (Street and Number)* 15-11 N Durham St
5. *Full Name of Mother,* Augusta Faust
6. *Mother's Maiden Name,* Freder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Emil F Faust
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Mrs L Grupe

Address, No 1907 E Monument St

Remarks,

8930000705

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name of each child. If any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45741.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 5th 1893
4. Place of Birth, (Street and Number) 214 E Pegnitz Street
5. Full Name of Mother, Theresa H Schneider
6. Mother's Maiden Name, " " Mavers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Schneider
9. Father's Occupation Shoe Fitter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs H E Knowles

Address, 212 W Patterson Pk Ave

Remarks, 8930000706

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 8th
4. Place of Birth, (Street and Number) 1311 Myrtle Ave
5. Full Name of Mother, Gertrude T. Skinner
6. Mother's Maiden Name, " " Thompson
7. Mother's Birthplace, Terre Haute Indiana
8. Full Name of Father, Harry G. Skinner
9. Father's Occupation, Ship Builder
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Isaac S. Huck

Address, 647 N. Lafayette Ave (1624)

Remarks,

8930000707

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... each and every month to the office of the Commissioner of Health. In case the birth of any child ... physician or practitioner of midwifery, or should no other person be in ... third day of without the attendance of a physician or practitioner of midwifery, or should no other parents of such ... shall occur upon the mother, immediately become and within the period above required, and ... attendance upon the mother, immediately of Health, in the manner and provisions of this section shall be sub- ... child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- ... any such person who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 1157/43.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, the 8 of February 1893

4. Place of Birth, (Street and Number) No 1705 Eastlake

5. Full Name of Mother, Anna Stefanek

6. Mother's Maiden Name, Anna Kajner

7. Mother's Birthplace, Germany

8. Full Name of Father, William Stefanek

9. Father's Occupation, Steel Layer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Phys Ch Lauer

Address, 1100 W Lanvale

Remarks, Bal Md

8930089708

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 6th

1. *Sex.* (*state whether male ~~or female~~*)
2. *Race or Color,* (*if not of the white race*) Negro
3. *Date of Birth.* Feby 7, 1894
4. *Place of Birth.* (*Street and Number*) 2 Montabello Ave.
5. *Full Name of Mother.* Margaret Green
6. *Mother's Maiden Name.* Gilgunan
7. *Mother's Birthplace.* Md.
8. *Full Name of Father.* Edward Green
9. *Father's Occupation.* Laborer
10. *Father's Birthplace.* Va.

Name of Medical Attendant, or other Person who makes this Return Jno. E. Craighill

Address. 1730 N. Chester

Remarks.

8930000709

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth and the said schedule shall be delivered, duly filled to the Board of Health. In case the certificate, between the first and third day of each and every month, or of a practitioner of midwifery, or birth of any child shall occur in an epidemic upon the mother, immediately thereafter, it shall then become the should no other person be in attendance of a physician, or of a practitioner of midwifery, or duty of the parents or parent, except in the cases of the births and deaths of illegitimate children, and within the period above required, hereafter fail to comply with the provisions of this section shall be subject any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, A 45744.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored Bright
3. Date of Birth, February - 8.
4. Place of Birth, (Street and Number) Baltimore City 004 N. Spring St
5. Full Name of Mother, Nannie Burnett
6. Mother's Maiden Name, Nannie Palmer.
7. Mother's Birthplace, Baltimore North Carolina
8. Full Name of Father, William Burnett
9. Father's Occupation, Can Factory
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Rebecca Mussy -

Address, ## 1412 Jefferson St

Remarks, 1 8 9 3 0 0 0 0 7 1 0

said act include shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: George Walther Black

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jly 8th / 93
4. Place of Birth, (Street and Number)	1913 Druid Hill Av
5. Full Name of Mother,	Lenetta Black
6. Mother's Maiden Name,	Lenetta Fox
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Harry L. Black
9. Father's Occupation,	Gas fitting
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Edward Eyl Mackenzie, M.D.
Address,	324 St. Paul St.
Remarks,	

8930000711

...may name shall have been registered, as far as the same can be ascertained, the full name of each child (or if...birth, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

A. COE, CITY PRINTER AND STATIONER.

RETURN OF A BIRTH

A 14574

CERTIFICATE AMENDED 9-13-22

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME OF CHILD: EDWARD FREDERICK SCHAFER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 8 February 1893
4. Place of Birth, (Street and Number) 1127 Hanbert St
5. Full Name of Mother, Mrs Edw ~~Blatz~~ SCHAFER
6. Mother's Maiden Name, Mary ~~Hue~~ KAA
7. Mother's Birthplace, New York NY
8. Full Name of Father, Edw ~~Blatz~~ SCHAFER
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Ann O'Connor

Address, 1112 Hanbert St

Remarks,

1893000 FILED 2 1893

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 14578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Oct. 8.
4.	*Place of Birth, (Street and Number)*	231 Salem St. Balto
5.	*Full Name of Mother,*	Mrs. Dana Grass
6.	*Mother's Maiden Name,*	" Dana Vana
7.	*Mother's Birthplace,*	Germany Prussia
8.	*Full Name of Father,*	August Grass
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Germany Prussia
	Name of Medical Attendant, or other person who makes this Return,	Wm. C. Faulstich
	Address,	2859 Fulton Ave
	Remarks,	

8930000713

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

45749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 8th 1893
4. Place of Birth, (Street and Number) 1013 Jenkins alley
5. Full Name of Mother, Josephine Carroll
6. Mother's Maiden Name, Josephine Hankins
7. Mother's Birthplace, Calvert Co, Md
8. Full Name of Father, Louis Carroll
9. Father's Occupation, Laborer
10. Father's Birthplace, Prince George Co. Md.

Name of Medical Attendant, or other person who makes this Return, Emelia Johnson

Address, 1024 Park ave

Remarks, 8930000714

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 9 1893
4. Place of Birth, (Street and Number) 519 Aaron Street
5. Full Name of Mother, Sarah E Jones
6. Mother's Maiden Name, Nigen
7. Mother's Birthplace, Talbot County
8. Full Name of Father, Thomas W Jones
9. Father's Occupation, Waterman
10. Father's Birthplace, Dorchester County

Name of Medical Attendant or other person who makes this Return, Mary Baker

Address, 11 York Street

Remarks, Sarah E Jones 519 Aaron st

8930000715

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 45751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th at the previous confinement she had twins

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or Color, (~~if not~~ of the white race)
3. Date of Birth, Feb 6th 1893
4. Place of Birth, (Street and Number) 218 Dolphin St
5. Full Name of Mother, Susan Barbery Grove Bailey
6. Mother's Maiden Name, Shrewsbury Pa
7. Mother's Birthplace, Eli W Grove
8. Full Name of Father, Baggage master on the N C R R
9. Father's Occupation, New Freedom Pa
10. Father's Birthplace, Elias C Price M.D.

Name of Medical Attendant, or other person who makes this Return, 953 Madison Ave

Address,

Remarks, 6930000716

Wm. C. Dulany Co., City Printers and Stationers

Each certificate shall state the sex, color, the full name of each child, (if any shall have been delivered) the full name and occupation of its parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, he shall become the duty of the person or parents of such attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-31-56

RETURN OF A BIRTH. A 45752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Adaline ~~Smith~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 9th 1893
4. Place of Birth, (Street and Number) 1830 Forman St
5. Full Name of Mother, Lizzie Smith
6. Mother's Maiden Name, Lizzie miller
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Smith
9. Father's Occupation, Sailor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Matilda Johnson

Address, 1408 Bruns st Balto Md.

Remarks,

1893000717

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 15753.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb 9 '93
4.	*Place of Birth, (Street and Number)*	1837 N Chester
5.	*Full Name of Mother,*	Emma Jones
6.	*Mother's Maiden Name,*	Emma Dorsey
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	Alfred Jones
9.	*Father's Occupation,*	Shoe cutter
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	W. J. Watson M.D
	Address,	1519 N Broadway
	Remarks,	8930000718

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 45754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Febuary 9th 1893.
4. Place of Birth, (Street and Number) No 827 Woodyear Street.
5. Full Name of Mother, Mary E Heatten
6. Mother's Maiden Name, " E Heatten
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, James Smith
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore md Mrs. Fannie Myers

Name of Medical Attendant, or other person who makes this Return, Mrs Fannie Myers

Address, 223 E lay st baltimore Md.

Remarks, 8930000719

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

45753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Mary Elizabeth Hamman / 2[illegible]
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 9 / 93
4. Place of Birth, (Street and Number)	643 Portland St.
5. Full Name of Mother,	Katie Hamman
6. Mother's Maiden Name,	" Emrich
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Bernard Hamman
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other Person who makes this Return.	C. L. Buddenbaum
Address,	418 S. Paca St.
Remarks,	OTHER NAME ADDED 4-6-53

8930000720

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of said artifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A457.50.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	6th
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	Feb. 9th 1893
4. *Place of Birth,* (*Street and Number*)	502 W. Barre
5. *Full Name of Mother,*	Julia White
6. *Mother's Maiden Name,*	" Vandeleth
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	L. Owen White
9. *Father's Occupation,*	Baggage Master
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	C. L. Buddenbohn
Address,	418 S. Paca St.
Remarks,	

1893 U 000721

Guy Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. D 45757.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Feb 9/93
4. *Place of Birth, (Street and Number)* No 1804 Charles St
5. *Full Name of Mother,* Dora McComas.
6. *Mother's Maiden Name,* " Wagner.
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* William McComas
9. *Father's Occupation,* Glass Flatner
10. *Father's Birthplace,* Delta Md

Name of Medical Attendant, or other person who makes this Return, Annie Jeems.

Address, No 1613 S Charles St

Remarks, Yours Respectfully.

1893 U 0007225

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

45-758.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 10, 1873.
4. Place of Birth, (Street and Number) No. 19 Union ave.
5. Full Name of Mother, Kate Farley
6. Mother's Maiden Name, Kate McGovern
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, William Farley.
9. Father's Occupation, Harness maker.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. R. Elwell, M.D.

Address, 1341 Harford ave

Remarks,

8930000723

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 75759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	February 10th 93
4. *Place of Birth, (Street and Number)*	134 Preston St
5. *Full Name of Mother,*	Ella Johnson
6. *Mother's Maiden Name,*	Ella Johnson
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Wm Baynard
9. *Father's Occupation,*	Colored
10. *Father's Birthplace,*	Eastern Md
Name of Medical Attendant, or other person who makes this Return.	Albert Kaufman
Address,	1143 Park Ave
Remarks,	Baltimore Md

8930000724

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 11597 60.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Feb 10 - 97

4. *Place of Birth (Street and Number),* N W Cor Bank and Chester Sts

5. *Full Name of Mother,* Mrs. Julia O'Brien

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* John O'Brien

9. *Father's Occupation,*

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. E K Ballard M.D.

Address, 500 Fell St Ave

Remarks,

1 8 9 3 0 0 0 0 7 2 5

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 1/5761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Feb. 10/93.
4. *Place of Birth, (Street and Number)*	No 3 Randell St.
5. *Full Name of Mother,*	Ella Wattan
6. *Mother's Maiden Name,*	" Wondell.
7. *Mother's Birthplace,*	Pikesville.
8. *Full Name of Father,*	Edward Wattan
9. *Father's Occupation,*	Glass Blower.
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Annie Jems.
Address,	No 1603 E. Charles St.
Remarks,	Yours Respectfully

1 8 9 3 0 0 0 0 7 2 6

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

B 45767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 & Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 10
4. *Place of Birth, (Street and Number)*	176 North Washington St.
5. *Full Name of Mother,*	Mary Morgenten
6. *Mother's Maiden Name,*	Sauer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joe Morgenten
9. *Father's Occupation*	Ship Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mr Getze
Address,	# 114 South Bond St.
Remarks,	

8 9 3 0 0 0 0 7 2 7

be considered as the same can be ascertained, the full name of each child, if any shall have been delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 to 12th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th of February 1893
4. Place of Birth, (Street and Number) No 432 Low St
5. Full Name of Mother, Barbara Hoffman
6. Mother's Maiden Name, Barbara Lehmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Hoffman
9. Father's Occupation Carpet Weaver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Ch. Lauer

Address, No 1039 Harford Ave Bal. Md

Remarks,

8930000728

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 45764

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Females are to be registered under the name they bear at the time of registration; and in all cases the Registrar is to be informed of any change of name that may occur after the first registration. The Registrar says: Be careful, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 10. 1893.
4. *Place of Birth, (Street and Number)*	21 W. First St.
5. *Full Name of Mother,*	S. L. Stopper
6. *Mother's Maiden Name,*	Johns
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Daniel C. Stopper
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Eastern Shore.
Name of Medical Attendant, or other Person who makes this Return.	Alfred Waustaw M.D.
Address,	809 Cathedral St.
Remarks,	

8930000729

JOHN B. PIET, PRINTER & STATIONER, BAL.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male Charles H. Patrick
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 10th 1893
4. Place of Birth, (Street and Number) 638 N. Carey St
5. Full Name of Mother, Julia A. Patrick
6. Mother's Maiden Name, Gold
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Albert D. Patrick
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. E. W. Price

Address, 602 N. Carey St

Remarks, Third boy, without a Sister

8930007 360 Nov 7 1940

Baptismal record in Document file

Has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45766.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child. Lillian Kessler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 11 1893
4. Place of Birth, (Street and Number) 1545 Division St.
5. Full Name of Mother, Margaret ~~McQuinniss~~ Kessler
6. Mother's Maiden Name, " McQuinniss
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William H. Kessler
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore Md

Name of Medical Attendent, or other person who makes this Return. M. Brewer Md

Address, 1116 McCulloh Street

Remarks,

8 9 3 0 0 0 0 7 3 1

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 45 76

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 6 Jan 11 1893.
4. *Place of Birth, (Street and Number)*	1218 Battery Ave
5. *Full Name of Mother,*	Annie Brendel.
6. *Mother's Maiden Name,*	Beckmann.
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Louis Brendel.
9. *Father's Occupation*	Confectioner.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return,	J. Lobengasser. Midwife
Address,	1032 Hanover st.
Remarks,	

8930000732

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-16-59

RETURN OF A BIRTH.

A-45768.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

	Florence Eva Snell
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 11/93
4. *Place of Birth (Street and Number)*	853 Columbia Ave
5. *Full Name of Mother*	Minnie Snell
6. *Mother's Maiden Name*	Minnie McCarthy
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Samuel M. Snell
9. *Father's Occupation*	Cook
10. *Father's Birthplace*	England
Name of Medical Attendant, or other Person who makes this Return.	E. Michaux M.D.
Address	526 S. Sharp St
Remarks	

8430000733

RETURN OF A BIRTH. A 45769.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby. 11/93
4. Place of Birth, (Street and Number) 57 S. So. Washington
5. Full Name of Mother, Margaret Zimmerman
6. Mother's Maiden Name, " Diller
7. Mother's Birthplace, B. C
8. Full Name of Father, Conrad Zimmerman
9. Father's Occupation, Tailor
10. Father's Birthplace, B. C

Name of Medical Attendant, or other person who makes this Return, Geo. L. Nielsen

Address, 226 S. Broadway

Remarks,

8930000734

AND J. S. GUILARY CO CITY PRINTERS AND STATIONERS

Said return to state the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 45770.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 12th 1893
4. Place of Birth, (Street and Number) 1704 E Eager Ave
5. Full Name of Mother, Julie Hildebrand
6. Mother's Maiden Name, Schauermann
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Hildebrand
9. Father's Occupation Carpenter & Builder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, H. F. L. Goss.

Address, 1st 1907 E Monument Ste

Remarks,

1893000735

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th 8th 6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	the 12 of February 1893
4. *Place of Birth, (Street and Number)*	No 521 Calvert St
5. *Full Name of Mother,*	Emma Barbara Gluty
6. *Mother's Maiden Name,*	Emma Steininger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George A. Gluty
9. *Father's Occupation*	Left of Repairs in the City Commissioners
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Jno. C. Land
Address,	No 1139 Bradford St
Remarks,	Bal Md

6930008736

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 18777

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Feb 12th 1893 Sunday 6 o'clock P.M.
4. Place of Birth, (Street and Number) 308 Lancaster St
5. Full Name of Mother Johanna Winkler
6. Mother's Maiden Name Johanna Will
7. Mother's Birthplace Germany
8. Full Name of Father Oscar Winkler
9. Father's Occupation Blacksmith
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J E Richards MD

Address 1010 Chesapeake St

Remarks Normal both mother and Child are now doing well

8930000737

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 45743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 & Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 12, 1893
4. *Place of Birth, (Street and Number)*	428 South Chester St
5. *Full Name of Mother,*	Lizzie Vogts
6. *Mother's Maiden Name,*	Mrs Mendel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Martin Vogts
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr Gotts
Address,	# 114 South Bond Street
Remarks,	

1893 0000738

been conferred; the sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...) C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) First child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, February 12, 1893.
4. Place of Birth, (Street and Number) # 714 Linden Ave. Balto, Md.
5. Full Name of Mother, Nannie E. White Carpenter.
6. Mother's Maiden Name, Nannie E White.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William Henry Carpenter.
9. Father's Occupation. Clerk.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Charity Jones

Address, 504 Hasgrave alley

Remarks,

+ 8 9 3 0 0 0 0 7 3 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11577.

To the Office of Registrar of Vital Statistics, Board of Health.

GIVEN NAME ADDED, 3-17-65 BALTIMORE CITY.

"Physicians are requested, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5-a.

1. Sex, (state whether ~~male or~~ female) Ruth Bacon
2. Race or Color, (if not of the white race)
3. Date of Birth, February 12th 1893.
4. Place of Birth, (Street and Number) 423 N. Bond st.
5. Full Name of Mother Mary E. Bacon
6. Mother's Maiden Name, " " Compton
7. Mother's Birthplace, Baltimore, County - Md
8. Full Name of Father, George E. Bacon
9. Father's Occupation, Methodist - Preacher -
10. Father's Birthplace, Baltimore, County - Md

Name of Medical Attendant, or other Person who makes this Return Wm. E. Russell

Address, 800, N. Broadway -

Remarks,

893000740

... & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 15776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Feb: 12/97
4. Place of Birth, (Street and Number) No 121 Clement A. St
5. Full Name of Mother, Maria Jones.
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, John Jones
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Annie Jones.

Address, No 1600 S. Charles A.

Remarks, Yours Respectfully,

18 3 U 0 0 0 7 4 V

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	Feb 12/93
4.	*Place of Birth, (Street and Number)*	No 1718 Charles St.
5.	*Full Name of Mother,*	Minnie Smith
6.	*Mother's Maiden Name,*	" Woods.
7.	*Mother's Birthplace,*	Washington
8.	*Full Name of Father,*	Fred Smith
9.	*Father's Occupation,*	Colores
10.	*Father's Birthplace,*	Balto Md.
	Name of Medical Attendant, or other person who makes this Return,	Annie Jones.
	Address,	No 1603 E. Charles St.
	Remarks,	Jones Respectfully

8 9 3 U 0 0 0 7 4 2

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

... J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 18th 1913
4. *Place of Birth, (Street and Number)* 111 N Calhoun St
5. *Full Name of Mother,* Eliza Watts
6. *Mother's Maiden Name,* Eliza Leonard
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Louis Watts
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Dr. Martin Jones

Address, 1041 Park Ave.

Remarks,

8 9 3 0 0 0 0 7 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	1201 William st.
3. *Date of Birth,*	Feb 12 — 1893
4. *Place of Birth, (Street and Number)*	Maggie Bowers.
5. *Full Name of Mother,*	Bpp.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Joe Bowers.
9. *Father's Occupation*	Can-maker
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return,	J. Lahwasser Midwife.
Address,	1032 Hanover st.
Remarks,	

8 9 3 U 0 0 0 7 4 4

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeiturrs are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. A 45780.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth -
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White -
3. Date of Birth	Feb. 12. 1893 -
4. Place of Birth (Street and Number)	1947 Pennsylvania ave.
5. Full Name of Mother	Mary C. Zellers -
6. Mother's Maiden Name	" " Miller -
7. Mother's Birthplace	Eastern Shore, Md.
8. Full Name of Father	John F. Zellers -
9. Father's Occupation	Dairyman -
10. Father's Birthplace	Pennsylvania -
Name of Medical Attendant, or other Person who makes this Return.	E. H. Holbrook, M. D.
Address	714 N. Carey st.
Remarks	

8930000745

RETURN OF A BIRTH

A 45781.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Every Physician, Midwife or other person who shall hereafter, attending distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st ~~2d, 3d, &c.~~)

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, February 12th 1893
4. Place of Birth, (Street and Number) 1007, W. Wolfe St.
5. Full Name of Mother Rose Alice Brown
6. Mother's Maiden Name, " " Kessler
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Frank C. Brown
9. Father's Occupation, Painter
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 800 N. Broadway

Remarks,

8930000746

A. CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3 Feb.
4. *Place of Birth, (Street and Number)* 1517 Joseph st
5. *Full Name of Mother,* Blanche Gessner
6. *Mother's Maiden Name,* Mufly
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* John Gessner
9. *Father's Occupation*
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Steven Walker

Address, 915 N. Carey st.

Remarks,

8930000747

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person in the city of Baltimore who shall have charge of any child at the time of its birth, shall, within five days thereafter, report to the Commissioner of Health the full name and occupation of the parents, the date and place of birth; and the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45783.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3 January
4. *Place of Birth, (Street and Number)* 1182 Chase st.
5. *Full Name of Mother,* Rosanna Holz
6. *Mother's Maiden Name,* Steinmyer
7. *Mother's Birthplace,* Germ.
8. *Full Name of Father,* Otto Holz
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Ger.

Name of Medical Attendant, or other person who makes this Return, Anna Keller

Address, 925 N. Eut. Ave.

Remarks,

+ 8930000748

Wm. J. C. Dulany Co., City Printers and Stationers

The Commissioner of Health shall cause the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 Feb
4. Place of Birth, (Street and Number) 1300 Lanvale st
5. Full Name of Mother, Tricie Livermore
6. Mother's Maiden Name, Bender
7. Mother's Birthplace, Germ.
8. Full Name of Father, Bernhard Livermore
9. Father's Occupation, painter
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Weller

Address, 925 N. Gay st

Remarks,

8930000749

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4/5/88.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 4 February
4. Place of Birth, (Street and Number) 1826 Aisquith st.
5. Full Name of Mother, Mary L. Hinds
6. Mother's Maiden Name, Welzel
7. Mother's Birthplace, Balt.
8. Full Name of Father, George W. Hinds
9. Father's Occupation porter
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Helm

Address, 785 S. Eut Av.

Remarks,

1893000750

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 45788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2.5.93
4. Place of Birth, (Street and Number) 2223 Jefferson Place
5. Full Name of Mother, Mary Ann Elizabeth Cluskey
6. Mother's Maiden Name, Mary Ann Feeney
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Robert William Cluskey
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Chas. A. Stewart M.D.

Address, 120 E. 23rd St.

Remarks,

1893 0000751

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 16th January 1928
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Kate Peters
6. Mother's Maiden Name, Shefferman
7. Mother's Birthplace, Balto
8. Full Name of Father, John C Peters
9. Father's Occupation, Barber
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 921 E. Cal Ave.

Remarks,

8930000752

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 6 February
4. Place of Birth, (Street and Number) 1528 Clinton st.
5. Full Name of Mother, Lizzie Gutbrodt
6. Mother's Maiden Name, Zeller
7. Mother's Birthplace, Balt.
8. Full Name of Father, Theodore Gutbrodt
9. Father's Occupation
10. Father's Birthplace, Ball

Name of Medical Attendant, or other person who makes this Return, Thomas Walter

Address, 928 N. Carey st.

Remarks,

18930000753

been entered: its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, said any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 15759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feby 7 1893
4. Place of Birth, (Street and Number) 1913 Brunt St
5. Full Name of Mother, Mary Butt
6. Mother's Maiden Name, " J. Brooks
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Wm Brooks
9. Father's Occupation, Tin Finisher Laborer
10. Father's Birthplace, Howard Co md

Name of Medical Attendant, or other person who makes this Return. Sarah E Det.

Address, 2206 Etting St.

Remarks,

6 9 3 U C 0 0 7 5 4

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feby 8th 1893
4. Place of Birth, (Street and Number) 1344 Fremont St
5. Full Name of Mother, Francis Boze
6. Mother's Maiden Name, Id Smith
7. Mother's Birthplace, Calvert Co md
8. Full Name of Father, Daniel Boze
9. Father's Occupation, Laborer
10. Father's Birthplace, Calvert Co md

Name of Medical Attendant, or other person who makes this Return, Sarah E Wet

Address, 2206 Elting St

Remarks,

8930000755

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4591

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Feby 8 th 1893.
4. Place of Birth, (Street and Number) 616 Hollins St.
5. Full Name of Mother, Katherine Myers
6. Mother's Maiden Name, Hughes
7. Mother's Birthplace, Ireland
8. Full Name of Father, Wm E. Myers
9. Father's Occupation, Policeman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, D. E. Lee

Address, 2206 Etting St

Remarks,

1 8 9 3 0 0 0 0 7 5 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A45797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 1893
4. Place of Birth, (Street and Number) 432 Johnson St
5. Full Name of Mother, Lizzie Ditmer
6. Mother's Maiden Name, Lizzie Stecker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, [illegible]
9. Father's Occupation Tinner
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, M. R. Eader

Address, [illegible]

Remarks, Doing Well

1893 0000757

Wm. J. C. Dulany Co., City Printers and Stationers.

Each child, if any shall have ... the date and place of birth; and the ... between the first and ... birth of any child ... case the birth of any child ... in ... other person ... duty of the person or parents of such ... required, and ... provisions of this section shall be ... forfeitures are recoverable.

RETURN OF A BIRTH. 41793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 Feb.
4. *Place of Birth, (Street and Number)* 113 Leach st
5. *Full Name of Mother,* Thekla Lemmings
6. *Mother's Maiden Name,* Lang
7. *Mother's Birthplace,* Latvia
8. *Full Name of Father,* Heibel Lemmings
9. *Father's Occupation*
10. *Father's Birthplace,* Latvia

Name of Medical Attendant, or other person who makes this Return, Anna H. Walker

Address, 928 S. Conkling

Remarks,

1893000758

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 12 1893
4. *Place of Birth, (Street and Number)* 1251 Sargent st City
5. *Full Name of Mother,* Carrie D Connell
6. *Mother's Maiden Name,* Carrie Bentley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel O Connell
9. *Father's Occupation,* Rigger
10. *Father's Birthplace,* Cork Ireland

Name of Medical Attendant, or other person who makes this Return, Mary E Bentley

Address, 929 South Paca st

Remarks, None

8930000759

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

Each child of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

45795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Feb 12- 93
4. Place of Birth, (Street and Number) 1131 Light St
5. Full Name of Mother, M. ~~Sophie~~ Zipperian
6. Mother's Maiden Name, Wallapier
7. Mother's Birthplace, US
8. Full Name of Father, Jos. Zipperian
9. Father's Occupation, Barber
10. Father's Birthplace, US

Name of Medical Attendant, or other Person who makes this Return. Geo A Strauss MD

Address, 9. E. Montgomery St

Remarks,

1 8 9 3 U 0 0 0 7 6 0

Murphy & Co., City Printers and Stationers.

...ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Clerk of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

(over)

45796.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ernest F Phillips

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male Ernest F. Phillips
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 12 - 1853
4. Place of Birth, (Street and Number) No 518 Penn st
5. Full Name of Mother, Sofia Phillips
6. Mother's Maiden Name, Simon
7. Mother's Birthplace, Germany
8. Full Name of Father, George Phillips
9. Father's Occupation, Tobacco
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Sarah E Harrington

Address, No 229 Barney st

Remarks, 8930000761

And each child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 45797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2-12-93
4. Place of Birth, (Street and Number) 412 Lemmon Place
5. Full Name of Mother, Emma Regina O'Neill
6. Mother's Maiden Name, Emma Regina Black
7. Mother's Birthplace, Penna.
8. Full Name of Father, Thomas Joseph O'Neill
9. Father's Occupation, Police-Man
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Cecil C. Stewart, Jr.

Address, 120 W. 23rd St.

Remarks,

8930000762

be conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 45798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	February 12th 93.
4. Place of Birth, (Street and Number)	1017 N. Gay st.
5. Full Name of Mother,	Maggie E. Kaspar
6. Mother's Maiden Name,	M. E. Ryninger
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Charles L. Kaspar
9. Father's Occupation,	Musician
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return	Charles H. Mayer M.D.
Address,	1019 N. Caroline st.
Remarks,	

8930000763

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WILLIAM J. GILLIAM & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A-115799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 13th 1893
4. *Place of Birth, (Street and Number)* 506 McCulloh St
5. *Full Name of Mother,* Mary Lou Foster
6. *Mother's Maiden Name,* Mary Lou Johnson
7. *Mother's Birthplace,* Richmond Virginia
8. *Full Name of Father,* John H. Foster
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Winchester Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1214 Park Ave

Remarks,

8930000764

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A45800.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Colored Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* February 13th 1893
4. *Place of Birth, (Street and Number)* 801 Pine St
5. *Full Name of Mother.* Mary Woolford
6. *Mother's Maiden Name.* Mary Beuly
7. *Mother's Birthplace.* Virginia
8. *Full Name of Father.* Lloyd Woolford
9. *Father's Occupation.* Coffee roaster
10. *Father's Birthplace.* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address. 1124 Park Ave

Remarks. 693000765

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

45801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 13
4. Place of Birth, (Street and Number) Concord St 516
5. Full Name of Mother, Priscillia Elizabeth Green
6. Mother's Maiden Name, Priscillia Elizabeth Barber
7. Mother's Birthplace, Washington D C
8. Full Name of Father, William Green
9. Father's Occupation, Laber
10. Father's Birthplace, Princegolgia Co M D

Name of Medical Attendant, or other person who makes this Return, Mrs Fannie Myers

Address, 223 Clay St Baltimore M D

Remarks,

8 9 3 0 0 0 0 7 6 6

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 2-8-65

A 40887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: August Theodore Heying

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 13 — 1893
4. Place of Birth, (Street and Number) 301 West st.
5. Full Name of Mother, Amalie ~~Hefing~~ Heying
6. Mother's Maiden Name, Hawerschaw.
7. Mother's Birthplace, Austria Heyng
8. Full Name of Father, ~~August Hefing~~
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. Lahrwasser Midwife.

Address, 1132 Hanover st.

Remarks,

8 9 3 0 0 0 0 7 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 45803.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d~~ 3d, &c.)

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, February 13th, 1893
4. Place of Birth, (Street and Number) 1704, Chew st.
5. Full Name of Mother Genevieve, Beatrice, Hollen
6. Mother's Maiden Name, " " Shelley
7. Mother's Birthplace, Cincinatti, Ohio
8. Full Name of Father, Charles, L, Hollen
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Wm. L. Runnel

Address, 200, N. Broadway —

Remarks,

B 2 3 0 0 0 0 7 6 8

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E 45804.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Marie Hübner — GIVEN NAME ADDED. 9/30/55 gs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 13. 1893. 4 O Clock A.M.
4. Place of Birth, (Street and Number) W. Baltimore Str 916.
5. Full Name of Mother, Mrs. Anna Hübner
6. Mother's Maiden Name, Anna Frank
7. Mother's Birthplace, Bayern
8. Full Name of Father, Johann Hübner
9. Father's Occupation, Barkeeper
10. Father's Birthplace, Bayern

Name of Medical Attendant, or other person who makes this Return, Mrs. Marie Garra

Address, 303 N. Hoffman Str.

Remarks,

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

0 9 3 0 0 0 0 7 6 9

To prevent the registration of the birth of any child born within the City of Baltimore, as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 145805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 13/93
4. *Place of Birth, (Street and Number)*	634 Columbia av
5. *Full Name of Mother,*	Louisa ~~Becker~~ Kraemer
6. *Mother's Maiden Name,*	" Becker
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry Kraemer
9. *Father's Occupation,*	Mfr
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Heligmann Phillips
Address,	611 S Paca
Remarks,	

8930000770

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 1/5806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 14nd 93.
4. *Place of Birth, (Street and Number)*	220 South Caroline st
5. *Full Name of Mother,*	Minnie Paul
6. *Mother's Maiden Name,*	Minnie Walker
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	German Paul
9. *Father's Occupation*	Sailor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mary Engelhardt
Address,	1726 Eastern Ave
Remarks,	

8 9 3 0 0 0 0 7 7 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 45807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 14 - 1893.
4. Place of Birth, (Street and Number)	1630 N. Gay St.
5. Full Name of Mother,	Anna Goldman
6. Mother's Maiden Name,	" Vault
7. Mother's Birthplace,	City
8. Full Name of Father,	Frederick Goldman
9. Father's Occupation,	Driver
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this return.	Wm A B. Pillman M.D
Address,	5 East Biddle St.
Remarks,	8930000772

Sec. 2. Be it further enacted, That the following particulars, viz: the full name and occupation of its parents, the date and place of birth; and the name, color, sex, and number of each child, if any shall have been born before, shall be entered in a schedule for that purpose, to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 45808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleven
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	February 14
4. *Place of Birth, (Street and Number)*	Baltimore 106 Amity st
5. *Full Name of Mother,*	Cinderella Hopkins
6. *Mother's Maiden Name,*	Cinderella Roberts
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Joseph Hopkins
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return.	Caroline Queen
Address,	1066 Rabong St
Remarks,	

8930000773

been registered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48809.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	July 14 '93
4. *Place of Birth, (Street and Number)*	252 N. Hoffman St.
5. *Full Name of Mother,*	May Magruder
6. *Mother's Maiden Name,*	Kelch
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Edward B. Magruder
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other person who makes this Return.	H. Whitacre
Address,	1008 Madison Ave.
Remarks,	

8 9 3 0 0 0 0 7 7 4

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 45810

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 14 1893
4. Place of Birth, (Street and Number) 415 Jefferson Ave Homelot
5. Full Name of Mother, Florence Kinnear
6. Mother's Maiden Name, Okle
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, William M Kinnear
9. Father's Occupation, Horse Shoer
10. Father's Birthplace, Balt Co Md

Name of Medical Attendant, or other person who makes this Return, Dr Young Westbrook

Address, 237 Gorsuch Avenue

Remarks,

18930000775

Sec. 2. And be it further enacted, That the full name and occupation of its parents of each child, if any shall have been ascertained, and the name of the physician, midwife or other person who shall have delivered, duly signed by the practitioner in the district, the date and place of birth; and the said schedule shall be delivered every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, the Commissioner of Health may require a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, the Commissioner of Health may require a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. GILLIAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

H5811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth.
1. Sex, (state whether male or female)	Female,
2. Race or Color, (if not of the white race)	White,
3. Date of Birth,	Feb 14/93.
4. Place of Birth, (Street and Number)	328 Bartlett St.
5. Full Name of Mother,	Elizabeth Williams,
6. Mother's Maiden Name,	" Elam.
7. Mother's Birthplace,	Lackpart N. Y.
8. Full Name of Father,	Robt Williams.
9. Father's Occupation,	Painter,
10. Father's Birthplace,	Richmond Va.
Name of Medical Attendant, or other person who makes this Return,	Henry Mc Bayley, Jr. M.D.
Address,	1031 Madison Ave.
Remarks,	

8930000776

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45817.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 Febuary
4. Place of Birth, (Street and Number) 1163 Littlestown St
5. Full Name of Mother, Mary E. Bowers
6. Mother's Maiden Name, Mary E Brown
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles F Bowers
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Thorn

Address, 1310 W. Pratt St

Remarks,

8930000777

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

45873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Feby 15/93
4. Place of Birth (Street and Number),	No. 13 S Bond St.
5. Full Name of Mother,	Mary Drane
6. Mother's Maiden Name,	Mary Bartlett
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	Daniel Drane
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	R W Mansfield M.D.
Address,	129 S Broadway
Remarks,	

8930000778

...which have occurred under his or her care during the month. ...the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ore Baltim... e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

4581C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Feb. 15th 6.30 P.M. 1893
4. Place of Birth (Street and Number), 2030 Lemph St
5. Full Name of Mother, Mary Agnes Heberwood
6. Mother's Maiden Name, M. A. Nuthall
7. Mother's Birthplace, Balto City
8. Full Name of Father, W. H. Heberwood
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. James E Donnelly M.D

Address, 1701 Balto St East

Remarks,

6930000779

ferrel; its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 45815.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	February 15
4. *Place of Birth, (Street and Number)*	404 South Eden.
5. *Full Name of Mother,*	Maggie T. Morris.
6. *Mother's Maiden Name,*	McKenna.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Richard Morris
9. *Father's Occupation*	Lyterman
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Mrs. G. Fyfe.
Address,	#117 South Bond Street
Remarks,	

1893 0000780

...; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 45876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Feb. 15th 1893
4. Place of Birth (Street and Number),	1400 Aisquith St.
5. Full Name of Mother,	Mary Fitzpatrick
6. Mother's Maiden Name,	Stanton
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Thos. Fitzpatrick
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	S. Jno Brooke Boyle
Address,	
Remarks,	

1893000078 1

And shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been born dead, the fact shall be stated.) The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child of all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 45817.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 15/93.
4. *Place of Birth, (Street and Number)*	1833 Orleans St.
5. *Full Name of Mother,*	Winnie A. Mayhorne
6. *Mother's Maiden Name,*	Winnie A Vincent
7. *Mother's Birthplace,*	Port Deposit, Md
8. *Full Name of Father,*	James D Mayhorne
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	A. Fabrice, M.D.
Address,	1111 S. Broadway
Remarks,	Born 12.30 P.M.

1 8 4 3 0 0 0 0 7 8 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Every Midwife, Physician or other person who shall attend upon any birth, shall, within ten days thereafter, report to the Commissioner of Health, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 45818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

born conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colerd
3. *Date of Birth,*	febuary th 15 1893
4. *Place of Birth, (Street and Number)*	Ledentall st 424
5. *Full Name of Mother,*	Matilder enoder
6. *Mother's Maiden Name,*	Matilder Carter
7. *Mother's Birthplace,*	Baltimre County
8. *Full Name of Father,*	James Carter
9. *Father's Occupation,*	labour
10. *Father's Birthplace,*	Baltimre
Name of Medical Attendant, or other person who makes this Return,	carrat Jane Wilson
Address,	115 west Fluey st
Remarks,	full 9 months

1893000007 83

BM J. C. BULLARY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

45819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th.

1. Sex, (state whether male or female) — — Male
2. Race or Color, (if not of the white race) — Dark. african origin.
3. Date of Birth, — — — February 16. 1893.
4. Place of Birth, (Street and Number) W. Dark Stre. No, 308.
5. Full Name of Mother, — — Victoria Gant.
6. Mother's Maiden Name, — — Victoria Clark.
7. Mother's Birthplace, — — Baltimore. Md.
8. Full Name of Father, — Thomas Gant.
9. Father's Occupation, — Laborer
10. Father's Birthplace, — Calvert County. Md.

Name of Medical Attendant, or other person who makes this Return. A. F. Volkmann. M. D.

Address, — — — No, 620. S. Eutaw St.

Remarks,

8930000784

Each contract as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-16-58

RETURN OF A BIRTH. 45870.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Waggner

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, Feb. 16. 23
4. Place of Birth, (Street and Number) 219 S. Washington St.
5. Full Name of Mother, Mrs. Mary Elizabeth Holt Waggner
6. Mother's Maiden Name, Wife " " Holt.
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Charles Edwin Waggner
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, C. G. Cook M. D.

Address, 2000 E. Balt. St.

Remarks, Forceps ~~Fational~~ delivery

8930000785

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4587.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Feby. 16 / 93
4. Place of Birth, (Street and Number) 506 S. Edmondson
5. Full Name of Mother, Caroline Simonsen
6. Mother's Maiden Name, " Aas
7. Mother's Birthplace, Bergen, Norway
8. Full Name of Father, Anton N. Simonsen
9. Father's Occupation, Mariner
10. Father's Birthplace, Bergen, Norway

Name of Medical Attendant, or other person who makes this Return, Geo L. Whitten

Address, 2726 E. Broadway

Remarks,

8930000786

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 458 W.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Walter Alfred Floyd Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 16/93
4. *Place of Birth, (Street and Number)* 2012 E Baltimore
5. *Full Name of Mother,* Mary Lotta Floyd
6. *Mother's Maiden Name,* Mary Lotta Stengle
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Edwin A. Floyd
9. *Father's Occupation,* Ship Joiner
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Dr L L Floyd Jr

Address, 1849 N Broadway

Remarks, Dr in Md

1893000787

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...ate of each child. If any shall have ...ame and occupation of its parents, the date and place of birth, and the ...ated schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 45875.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. ~~Date~~ Place of Birth, 309 So. Gilmor St
4. ~~Place~~ Date of Birth, ~~(Street and Number)~~ Febry 16/93.
5. Full Name of Mother, Rebecca G. Stewart
6. Mother's Maiden Name, Rebecca G. Fowler
7. Mother's Birthplace, New York
8. Full Name of Father, John A. Stewart
9. Father's Occupation, Railroader
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Geo. C. Shannon M.D

Address, 1142 Eastman St

Remarks,

8930000788

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 1/38774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 16/93.
4. Place of Birth, (Street and Number) 639 N. Eutaw
5. Full Name of Mother, Ida May Merkins
6. Mother's Maiden Name, " " Pfisterer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. Eldridge Merkins
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, Cambridge - Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, H. D. Reik

Address, 810 Madison Ave

Remarks,

1 8 9 3 0 0 0 0 7 8 9

The name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. G. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 45830.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (State whether male or female) Female
2. Race or color, (~~If not of the~~ white race)
3. Date of Birth, 2-16-23
4. Place of Birth, (Street and Number) 1012 Hopkins Ave
5. Full Name of Mother, Catherine
6. Mother's Maiden Name, Gottschalk
7. Mother's Birthplace, Balto
8. Full Name of Father, H. H. Breeback
9. Father's Occupation, Dairyman
10. Father's Birthplace, Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return. Frank Mc

Address, 1502 N. Bond St

Remarks,

8930000790

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. D. ENLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 45876.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ellen Martin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 17th 93
4. *Place of Birth, (Street and Number)* 113 Clinton st.
5. *Full Name of Mother,* Annie E. ~~Coldbury~~ Martin
6. *Mother's Maiden Name,* Annie E. Coldbury
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William R. Martin
9. *Father's Occupation* Marine Engineer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt.

Address, 1726 Eastern Ave.

Remarks, GIVEN NAME ADDED 6-5-53

8 9 3 0 0 0 0 7 9 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

45827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether male or~~ *female*)
2. *Race or Color,* (~~if not of the~~ *white race*)
3. *Date of Birth,* February 15th 93
4. *Place of Birth,* (Street and Number) 1417 Madison Ave
5. *Full Name of Mother,* Emma M Klein
6. *Mother's Maiden Name,* Emma M Voigt
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William George Klein
9. *Father's Occupation,* Florist
10. *Father's Birthplace,* Hohenheim Germany

Name of Medical Attendant, or other person who makes this Return, John J Kiggins MD

Address, 562 W Lexington St

Remarks,

6930000792

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

15878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	Feb. 17/93.
4.	*Place of Birth, (Street and Number)*	455 St. Mary- St
5.	*Full Name of Mother,*	Petronella Garrett
6.	*Mother's Maiden Name,*	
7.	*Mother's Birthplace,*	Charleston S. C.
8.	*Full Name of Father,*	
9.	*Father's Occupation,*	
10.	*Father's Birthplace,*	
	Name of Medical Attendant, or other person who makes this Return,	H. B. Reck
	Address,	810 Madison Ave.
	Remarks,	Woman is unmarried - Father unknown

6 9 3 0 0 0 0 7 9 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

LATER NAME ADDED 3-28-55

RETURN OF A BIRTH

45879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, if any, and occupation of its parents, the date and place of birth; and the	Jenette Sabina Thayer
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 7th — 1893
4. Place of Birth, (Street and Number)	2415 Montment st
5. Full Name of Mother,	Sabina Meyer
6. Mother's Maiden Name,	Sabina Gertrude
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Charls Meyer
9. Father's Occupation	Shiping Clark
10. Father's Birthplace,	York Penna
Name of Medical Attendant, or other person who makes this Return,	Mary Peregoy
Address,	1913 gough St
Remarks,	

8930000794

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45830

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 17th 1893
4. Place of Birth, (Street and Number) # 924 Binney st
5. Full Name of Mother, Laura J. Saunders
6. Mother's Maiden Name, Benton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry T Saunders
9. Father's Occupation, Engineman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, S. A. Dak P. Barrington

Address, # 924 Binney st Canton

Remarks, 1 | 8930000795

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

145-831

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Feb 17 th 1893
4. Place of Birth, (Street and Number)	# 2104 W Pratt Str
5. Full Name of Mother,	Mrs Fredericka Valentine
6. Mother's Maiden Name,	Miss " Kurtz
7. Mother's Birthplace,	Hessen Germany
8. Full Name of Father,	Frederick Valentine
9. Father's Occupation	Cabinmat Maker
10. Father's Birthplace,	Hessen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt Str
Remarks,	8930000796

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 17th 1893
4. *Place of Birth, (Street and Number)*	302 Fremont Av
5. *Full Name of Mother,*	Anne Hausman
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Ballo. Md.
8. *Full Name of Father,*	Wm. Kirschman
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Ballo.
Name of Medical Attendant, or other person who makes this Return,	Heligmuth Schleifer
Address,	641 E. Pacca St
Remarks,	

8930000797

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Feb. 17th 1893
4. Place of Birth, (Street and Number) 26 Roberts St.
5. Full Name of Mother, Mrs. Belle Randall
6. Mother's Maiden Name, " Jones
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno. D. Randall
9. Father's Occupation, Clergyman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. Saml. T. Earle M.D.

Address, 1431 Lanvale Ave.

Remarks,

8930000798

The wilful neglect of the parent or person in charge of any child to report the birth of such child within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

The Registrar of Vital Statistics shall cause to be printed blank forms for the returns of births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 4832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (State whether ~~male or~~ female)*
2. *Race or color, (~~if not of the~~ white race)*
3. *Date of Birth,* Feb 18/93
4. *Place of Birth, (Street and Number)* 1412 Ridge Place
5. *Full Name of Mother,* Minnie C.
6. *Mother's Maiden Name,* Steiner
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John A. Knight
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. A. Schultz M.D.

Address, 1522 N Broad St.

Remarks, Vertex, frontoiliac, asphyx.

8930000799

Given conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 45835.

CERTIFICATE CORRECTED 10-20-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: KATHERINE ~~ROSINA~~ WOLFEL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Feb 18 1893
4. *Place of Birth, (Street and Number)*	# 344 S Fulton Ave
5. *Full Name of Mother,*	CHRISTIANA WOLFEL
6. *Mother's Maiden Name,*	Mrs (Nana) Wolfel DIETERICH
7. *Mother's Birthplace,*	Mrs " (Hiller)
8. *Full Name of Father,*	Mecklenburge Germany
9. *Father's Occupation*	Anton (Adolph) WOLFEL
10. *Father's Birthplace,*	Engineer
Name of Medical Attendant, or other person who makes this Return,	Mecklenburge Germany
Address,	Mrs Hiller
Remarks,	2127 W Pratt Str

8930000800

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 18th 1893.
4. *Place of Birth, (Street and Number)* 1715 Maryland Ave.
5. *Full Name of Mother,* Jennette E. Stifler
6. *Mother's Maiden Name,* " " Almony
7. *Mother's Birthplace,* Harford Co. Md.
8. *Full Name of Father,* W. D. Stifler
9. *Father's Occupation,* Brakeman
10. *Father's Birthplace,* Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8930000801

born conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

ISAAC J. O. SULLIVAN CO. CITY PRINTERS AND STATIONERS.

A 45837

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 18th 1893
4. Place of Birth, (Street and Number) 1319 E. Lanvale St.
5. Full Name of Mother, Elizabeth M Chase
6. Mother's Maiden Name, Elizabeth M. O'Neil
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Geo. W. Chase.
9. Father's Occupation, Bookbinder.
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, C.R. Shoemaker M.D.

Address, 1800 Aisquith St.

Remarks,

18930000802

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White.
3. Date of Birth, February 15 1898.
4. Place of Birth (Street and Number), 228 N. Bond St.
5. Full Name of Mother, Mary Hausmann.
6. Mother's Maiden Name, " Quinn
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Robert Hausmann.
9. Father's Occupation, Salesman.
10. Father's Birthplace, New York city.

Name of Medical Attendant, or other person who makes this Return. J. Heard M.D.

Address, 207 Aisquith St

Remarks,

8 9 3 0 0 0 0 8 0 3

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 45539.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	2d
1. *Sex.* (*State whether male or female*)	Female
2. *Race or color,* (*if not of the white race*)	W.
3. *Date of Birth,*	18 Feb. 1893.
4. *Place of Birth.* (*Street and Number*)	418 N. Mount St.
5. *Full Name of Mother,*	C. Louisa Dautz,
6. *Mother's Maiden Name,*	Pepplow,
7. *Mother's Birthplace,*	Balt. Co.
8. *Full Name of Father,*	F. Edw. Dautz,
9. *Father's Occupation,*	Produce dealer,
10. *Father's Birthplace,*	New Orleans, La.
Name of Medical Attendant, or other person who makes this Return.	J. F. Engle M. D.
Address,	1007 W. Fayette
Remarks,	

8930000804

WM. J. PULLEN & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

H5870.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Feb. 18th 1893
4. Place of Birth (Street and Number), 1331 Townsend St
5. Full Name of Mother, Emily Snyder
6. Mother's Maiden Name, E. Rommick
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wm Louis Snyder
9. Father's Occupation, Oyster Dealer.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. James E Dimitt M.D.

Address, 1701 Baltimore St East.

Remarks,

8 9 3 0 0 0 0 8 0 5

ferrel, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

altimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 4584

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	the 18th February
4. *Place of Birth, (Street and Number)*	1101 Bank St South St
5. *Full Name of Mother,*	Barbara Gebhardt
6. *Mother's Maiden Name,*	Barbara Grall
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	John Gebhardt.
9. *Father's Occupation*	Tailor.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Dr. Schreiber Lauer.
Address,	852 Hanford Ave Balto Md
Remarks,	

8930000806

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A. 1588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth.
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	Dark. african origin.
3.	*Date of Birth,*	February 19. 1893.
4.	*Place of Birth, (Street and Number)*	S. Eutaw St. No. 807.
5.	*Full Name of Mother,*	Mrs. Carrie Gross.
6.	*Mother's Maiden Name,*	Carrie Wickens.
7.	*Mother's Birthplace,*	Kent Island. Md
8.	*Full Name of Father,*	William Henry Gross.
9.	*Father's Occupation,*	Laborer.
10.	*Father's Birthplace,*	Calvert County. Md.
	Name of Medical Attendant, or other person who makes this Return.	A. F. Volkmann. M.D.
	Address,	No. 620. S. Eutaw St.
	Remarks,	

6930000807

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 115843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 2nd Child

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Feb 19: 1893 10 A M.
4. Place of Birth (Street and Number), 417 N Bellingham Ave
5. Full Name of Mother, Annie Edmora Miles
6. Mother's Maiden Name, A. E. Sprehale
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Thos Geo Miles
9. Father's Occupation, Merchant
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Jas E Donnelly M.D.

Address, 1701 Baltimore St East

Remarks,

8930000808

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required above to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 4822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Feb 20th 1893
4. Place of Birth, (Street and Number) # 2112 Frederick Ave
5. Full Name of Mother, Mrs Mary Frost
6. Mother's Maiden Name, Miss " Cross
7. Mother's Birthplace, Balto City
8. Full Name of Father, William Frost
9. Father's Occupation Brewer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs Miller

Address, 2122 W Pratt St

Remarks,

8930000809

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	February 20th 1873
4. *Place of Birth, (Street and Number)*	Fayette St extended # 2108
5. *Full Name of Mother.*	Christiana E. Harner
6. *Mother's Maiden Name.*	C. E. Spris
7. *Mother's Birthplace.*	Harford Co Md
8. *Full Name of Father.*	William Harner
9. *Father's Occupation.*	House-builder
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	L. L. Sparrow M.D.
Address.	857 W. Fulton Avenue
Remarks.	

8930000810

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

#1846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter therein on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been so delivered), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

3rd

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, Feby 21 1893 11 o'clock P.m.
4. *Place of Birth*, (Street and Number) 940 N Eutaw St
5. *Full Name of Mother*, Hannah Kian
6. *Mother's Maiden Name*, Hannah Kraft
7. *Mother's Birthplace*, York Co Pa
8. *Full Name of Father*, Geo W. Kian
9. *Father's Occupation*, Painter Color
10. *Father's Birthplace*, York Co Pa

Name of Medical Attendant, or other Person who makes this Return A M Santee M.D.

Address,

Remarks,

8930000811

John Murphy & Co., Law Printers and Stationers

RETURN OF A BIRTH

45547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Manly Moore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Feby 22" 1893
4. Place of Birth (Street and Number),	810 Elliot st.
5. Full Name of Mother,	Mary Moore
6. Mother's Maiden Name,	Mary Manley
7. Mother's Birthplace,	Balto, Md.
8. Full Name of Father,	Julian C. Moore
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto. city Md.
Name of Medical Attendant, or other person who makes this Return.	Rud. Mansfield M. D.
Address,	129 S Broadway
Remarks,	10-23-54

8930000812

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 1458 48.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Feb / 1892
4. *Place of Birth, (Street and Number)* 2028 Elliny St
5. *Full Name of Mother,* Mary E Barnett
6. *Mother's Maiden Name,* Mary E
7. *Mother's Birthplace,* Westminster
8. *Full Name of Father,* Thomas Barnett
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Colbert Cty

Name of Medical Attendant, or other person who makes this Return, Hester Colaw

Address, 307 Preston St

Remarks,

8 9 3 0 0 0 0 8 1 3

...ed to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 158445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. February 2. 93
4. Place of Birth, (Street and Number) 14 S. High str
5. Full Name of Mother, Carrie Gensberg
6. Mother's Maiden Name,
7. Mother's Birthplace. Europe
8. Full Name of Father. Morris Gensberg
9. Father's Occupation. Tailor
10. Father's Birthplace. Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address. 122 S. Exeter str

Remarks.

8930000814

Wm J. C. Dulany Co., City Printers and Stationers.

Every birth shall be registered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45850.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 3rd
4. Place of Birth, (Street and Number) 9125 Regan
5. Full Name of Mother, Henry Treber
6. Mother's Maiden Name, Mary Lienert
7. Mother's Birthplace, Germany
8. Full Name of Father, Ad Tubers
9. Father's Occupation Bar Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Brown

Address, 1602 N. Chester st

Remarks,

1893 0 0 0 0 8 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th February
4. *Place of Birth, (Street and Number)*	611 North Mount St
5. *Full Name of Mother,*	Clara M. Brooke
6. *Mother's Maiden Name,*	Clara M. Bell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	R. H. Brooke
9. *Father's Occupation*	Fireman on Rail-Road
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	
Address,	Mrs Mary J Buchanan 611 North Mount St
Remarks,	1/31 Cumberland

8930000816

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 4. 93.
4. Place of Birth, (Street and Number) 1429 East Str
5. Full Name of Mother, Cecilie Goldstein
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Jacke Goldstein
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter str

Remarks,

8930000817

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-11-57

RETURN OF A BIRTH.

1880.3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Peter George Adelhardt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 5 nd - 1893
4. Place of Birth, (Street and Number) 1945 Gay - Alley
5. Full Name of Mother, Bridet Adelhardt
6. Mother's Maiden Name, Bridet Schatz
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Adelhardt
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Brown

Address, 600 N. 6 Lester st

Remarks,

8 9 3 0 0 0 0 8 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 45854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Feby 5th 1894
4. Place of Birth, (Street and Number) 1133 N. Stricker St
5. Full Name of Mother, Isabelle V. King
6. Mother's Maiden Name, " " Sunday
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Stephen J. King
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, St Marys Co Md

Name of Medical Attendant, or other person who makes this Return. Thomas Hall M.D

Address, 807 Darling Ave

Remarks,

8930000819

J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 5th 1893
4. Place of Birth, (Street and Number) 1415 Bank str
5. Full Name of Mother, Barbereth McDonald
6. Mother's Maiden Name, Fustus
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward McDonald
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter str

Remarks,

1 8 9 3 0 0 0 0 8 2 0

Wm J. C. Dulany Co., City Printers and Stationers.

The Midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4586.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 6, 1893.
4. *Place of Birth, (Street and Number)* Nr. 1 E. Franklin St.
5. *Full Name of Mother,* Grace R. Osler
6. *Mother's Maiden Name,* Grace Linzee Revere
7. *Mother's Birthplace,* Boston, Mass.
8. *Full Name of Father,* William Osler
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Ontario, Canada.

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly.

Address, 905 N. Charles St.

Remarks,

693 0 0 0 0 8 2 1

...ed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 45857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* colored
3. *Date of Birth,* Feby 8
4. *Place of Birth, (Street and Number)* 60 Indiana St
5. *Full Name of Mother,* Marcella Dornish
6. *Mother's Maiden Name,* Marcella A Quilla
7. *Mother's Birthplace,* Penn
8. *Full Name of Father,* James Dornish
9. *Father's Occupation,* Brick mason
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Geo Williams

Address, 117 Justice St

Remarks, a boy, Single Birth

1893000822

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

45-858

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 17 1893
4. Place of Birth, (Street and Number) 412 Wayne St.
5. Full Name of Mother, Georganna Rawlings
6. Mother's Maiden Name, Georganna Dorsey
7. Mother's Birthplace, Calvert County Maryland
8. Full Name of Father, Thomas Isaac Rawlings
9. Father's Occupation, Boatman
10. Father's Birthplace, Calvert County Md

Name of Medical Attendant, or other person who makes this Return. Mary Jane Richardson

Address, 313 King Street

Remarks,

1 8 9 3 0 0 0 0 8 2 3

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

GEO. W. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Amelia Johnson 4th
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	Feb 10th
4. Place of Birth, (Street and Number)	Baltimore Park St 222
5. Full Name of Mother,	Amelia Johnson
6. Mother's Maiden Name,	A. Cornish
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Geo W. Johnson
9. Father's Occupation,	Labor
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	Martha J. Williams
Address,	117 Duncan St.
Remarks,	Fine Boy

8930000824

... the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. C. VALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

4880.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the periods required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 12th Feb

4. Place of Birth, (Street and Number) 729 Cumberland st

5. Full Name of Mother, Emma B Boyd

6. Mother's Maiden Name, Emma B Stockey

7. Mother's Birthplace, Maryland

8. Full Name of Father, William A Boyd

9. Father's Occupation Mechanic

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary E Stockey

Remarks, 731 Cumberland St

8930000825

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 2-28-57

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bertha Marie ~~Minder~~ Minder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Fem Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 13 th - 1899
4. Place of Birth, (Street and Number) 156 E Lexington st
5. Full Name of Mother, Mary Minder
6. Mother's Maiden Name, Mary Richard
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred Minder
9. Father's Occupation Bus Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Brune

Address, 1606 N. Chester st

Remarks,

8930000826

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth as aforesaid, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

45-867

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.) first

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 3 1893

4. Place of Birth, (Street and Number) N E cor Charles & 33rd Sts Catholic

5. Full Name of Mother, Helen Kobey Hamm

6. Mother's Maiden Name, Helen Kobey

7. Mother's Birthplace, City of Balto

8. Full Name of Father, J Wesley Hamm

9. Father's Occupation, Merchant

10. Father's Birthplace, City of Balto

Name of Medical Attendant, or other Person who makes this Return Robert W. Moffett

Address, 402 Cathedral St

Remarks,

8930000827

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

4,586.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	1st February
4. *Place of Birth, (Street and Number)*	2538 Druid Hill Ave Baltimore
5. *Full Name of Mother,*	Catherine M. Riley
6. *Mother's Maiden Name,*	Catherine M. Rock
7. *Mother's Birthplace,*	Norfolk Va
8. *Full Name of Father,*	George J. Riley
9. *Father's Occupation*	Conductor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	
Address,	Mrs Mary A Shuckey
Remarks,	731 Pumberland St

8 9 3 0 0 0 0 8 2 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 14, 1893.
4. Place of Birth, (Street and Number) No. 1224 Linquilla st.
5. Full Name of Mother, Sadie Boos
6. Mother's Maiden Name, Sadie Pritzis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. Boos
9. Father's Occupation, Clerk.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Asa R. Blavell, Pat
1241 Harford ave

Address,

Remarks,

8930000829

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

45-845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Edna May Whitney	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. Sex, (state whether male or female)	Female,
2. Race or Color, (if not of the white race)	White,
3. Date of Birth,	Feb. 14th 1893
4. Place of Birth, (Street and Number)	2025 E. Chase st.,
5. Full Name of Mother,	Ella M. Whitney,
6. Mother's Maiden Name,	Ella M. Price,
7. Mother's Birthplace,	Balto. City.
8. Full Name of Father,	Joseph B. Whitney
9. Father's Occupation,	Furniture Packer
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return	Chas. B. Fuge M.D.
Address,	920 N. Broadway
Remarks,	

1893 00 0830

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 14866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 11th 1893
4. Place of Birth, (Street and Number)	1513 Saratoga St.
5. Full Name of Mother,	Sophia Knabb Griffith
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James D. Knapp
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Theodore Cook M.D.
Address,	914 N. Charles St.
Remarks,	

8930000831

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

The Health Commissioner shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colad Race
3. *Date of Birth,*	February 15. 1893
4. *Place of Birth, (Street and Number)*	Baltimore. Dallas Street No 617
5. *Full Name of Mother,*	Mary E. White
6. *Mother's Maiden Name,*	Mary E Howes
7. *Mother's Birthplace,*	Richmond Va
8. *Full Name of Father,*	Charlie White
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Dr Georgetown Brooks
Address,	No 1752 Mulliken st near Ann st
Remarks,	

8930000832

month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

1/5868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colord race
3. *Date of Birth,*	February 15th 1893.
4. *Place of Birth, (Street and Number)*	Baltimore MD. 1710 Mulliken St
5. *Full Name of Mother,*	Emma J. Hudgins
6. *Mother's Maiden Name,*	Emma E. Foster
7. *Mother's Birthplace,*	Mathes County Va
8. *Full Name of Father,*	John W Hudgins
9. *Father's Occupation,*	Sailor.
10. *Father's Birthplace,*	Matthus County Va
Name of Medical Attendant, or other person who makes this Return.	Dr Geage Anna Brooks
Address,	1712 Mulliken Ave
Remarks,	

6 9 3 0 0 0 0 8 3 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

45869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	February 15th 1893
4. *Place of Birth, (Street and Number)*	Baltimore No 107 N Dallas St
5. *Full Name of Mother,*	Emma Smith
6. *Mother's Maiden Name,*	Emma Dorsett
7. *Mother's Birthplace,*	Eastern Shore Md.
8. *Full Name of Father,*	George Smith
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Dr George Anna Brook
Address,	1752 Mulliken Street
Remarks,	

6930000834

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ED. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

E 45870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 15 1893
4. Place of Birth, (Street and Number) Parkin St N 211
5. Full Name of Mother, Sarah L Simmons
6. Mother's Maiden Name, Sarah L Billings Lam
7. Mother's Birthplace, Worcester Co Md
8. Full Name of Father, Joel L B Simmons
9. Father's Occupation, Painter
10. Father's Birthplace, Worcester Co Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Payne Street

Remarks,

8930000835

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health. In the manner and the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	~~1632~~ W. Lanvale Feb. 16-1893
4.	*Place of Birth, (Street and Number)*	1632 W. Lanvale St.
5.	*Full Name of Mother,*	Isabella Holmes
6.	*Mother's Maiden Name,*	" Dewit
7.	*Mother's Birthplace,*	Georgia
8.	*Full Name of Father,*	Charles H. Holmes
9.	*Father's Occupation,*	Witness
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return.	Theodore Cook M.D.
	Address,	914 N. Charles St,
	Remarks,	

6930000836

This Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Ruth May Riley

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Second child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th of February 1893

4. Place of Birth, (Street and Number) 822 W Lombard St.

5. Full Name of Mother, Katie Mc Riley

6. Mother's Maiden Name, Katie Mc Zimmerman

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Samuel C. Riley.

9. Father's Occupation, Machine Hand in Shirt Factory.

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, Dr. Jason Hunter

Address, 23 St Paul Place

Remarks, 8930000837

month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 17th 1893
4. Place of Birth, (Street and Number) Carroll Ave near B 27
5. Full Name of Mother, Sarah Ann Ewald
6. Mother's Maiden Name, Sarah Ann Weaver
7. Mother's Birthplace, Howard County Md.
8. Full Name of Father, John Wesley Ewald
9. Father's Occupation Blacksmith
10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Wicks

Address, Carroll near Baltimore City Md.

Remarks,

8930000838

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 4587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th Feb. 1893
4. *Place of Birth, (Street and Number)*	2042 E. Fayette St.
5. *Full Name of Mother,*	Mary Bertha Ruppersberger
6. *Mother's Maiden Name,*	Quanz
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Louis E. Ruppersberger
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	E. P. Prouse M.D.
Address,	1835 E. Balto St.
Remarks,	

18930000839

Registrar of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

4587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex*, (state whether male or female)	Female
2. *Race or Color*, (if not of the white race)	Colored
3. *Date of Birth*	Feb. 17 - 93
4. *Place of Birth*, (Street and Number)	412 Orchard St.
5. *Full Name of Mother*,	Ella Miles
6. *Mother's Maiden Name*,	" Jordan
7. *Mother's Birthplace*,	St. Marys Co. Md
8. *Full Name of Father*,	Alexander Miles
9. *Father's Occupation*,	Oysterman
10. *Father's Birthplace*,	St. Marys Co. Md
Name of Medical Attendant, or other Person who makes this Return.	C. O. Muller. M.D.
Address,	830 N. Eutaw St.
Remarks,	

1893 0000840

John Murphy & Co., City Printers and Stationers.

The Physician or Midwife in attendance upon any birth shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a record of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of the father, the date and place of birth of each child (if any, which shall have been stillborn), its sex, color, the practitioner in the form of the list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of the father, the date and place of birth of each child (if any, which shall have been stillborn), its sex, color, the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case no such schedule shall be delivered to the Commissioner, or should no other person permit any child shall occur without the attendance of a Physician or practitioner of midwifery, or parents of such child, to certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case no birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or parents of such child, to be in attendance upon the mother, or if such birth shall occur in any manner and within the period above required, and any such person shall be in attendance upon the mother, or if such birth shall occur in any manner and within the period above required, and any such person report the birth to the Commissioner of Health, in the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th Feb 1893
4. Place of Birth, (Street and Number) 209 South Larkin St
5. Full Name of Mother, Mrs Maggie [redacted] Carlisle
6. Mother's Maiden Name, Mrs Maggie Zell
7. Mother's Birthplace, Balto
8. Full Name of Father, Mr E Carlisle [redacted]
9. Father's Occupation, Machinist. Tinner
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter.

Address, R/Appleton near Fayett.

Remarks, Susan Hunter

2839 B U B 2984 1 TC

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 15877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* 15 February 1893
4. *Place of Birth, (Street and Number)* 908 Thatcher st
5. *Full Name of Mother,* Mary Holub
6. *Mother's Maiden Name,* Mary Dvorak
7. *Mother's Birthplace,* Bavaria Germany
8. *Full Name of Father,* Vinc Holub
9. *Father's Occupation* Bishop
10. *Father's Birthplace,* Bavaria Bohemia

Name of Medical Attendant, or other person who makes this Return, Aloisia Svatora

Address, 104 Durham st

Remarks,

1 8 9 3 0 0 0 0 8 4 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45878.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 18 1893.
4. Place of Birth, (Street and Number) Res. 1215 Hope st.
5. Full Name of Mother, Rosa Lind
6. Mother's Maiden Name, Rosa Schwinck
7. Mother's Birthplace, Germany.
8. Full Name of Father, George Lind.
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo. A. Blundell, M.D.

Address, 1241 Hanford ave.

Remarks.

8930000843

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 19th 1893
4. Place of Birth, (Street and Number)	Lombard St west 900
5. Full Name of Mother,	Bertha M Blair
6. Mother's Maiden Name,	Bertha M Zimmer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William T Blair
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 N Caroline St
Remarks,	8930000844

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-10-55

RETURN OF A BIRTH

45880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Kirkbride — Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 19th 1893
4. Place of Birth, (Street and Number) 605 Park ave
5. Full Name of Mother, Mary K. Miller
6. Mother's Maiden Name, Mary Kirkbride
7. Mother's Birthplace, Phila
8. Full Name of Father, Daniel Miller
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C B Gamble M D

Address, 92 E Pratt

Remarks,

1 8 9 3 0 0 0 0 8 4 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 45881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	July 19 - 93
4. Place of Birth, (Street and Number)	105 Second
5. Full Name of Mother,	Rachel Jacobs
6. Mother's Maiden Name,	Rachel Isaacs
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Abram Jacobs
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Poland
Name of Medical Attendant, or other person who makes this Return.	David V Mayer M.D.
Address,	1200 E Eden St
Remarks,	8930000846

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of such person be in shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 15887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 20 1893.
4. Place of Birth, (Street and Number) No 2015 E. Preston St.
5. Full Name of Mother, Sarah E. Keenan
6. Mother's Maiden Name, Sarah E. Jenkins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Preston Keenan.
9. Father's Occupation Bricklayer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. A. Elwell M.D.

Address, 1241 Hanford ave

Remarks,

1893000847

The Registrar of Vital Statistics shall not be required to record the birth of any child unless the full name can be ascertained; the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45883.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	February 20 1893
4. *Place of Birth, (Street and Number)*	802 Plum Alley
5. *Full Name of Mother,*	Rina Watkins
6. *Mother's Maiden Name,*	Rina Freeman
7. *Mother's Birthplace,*	Earlville Virginia
8. *Full Name of Father,*	Samuel Watkins
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	Annerundel County
Name of Medical Attendant, or other person who makes this Return:	Mary Jane Richardson
Address,	315 King Street
Remarks,	

8 9 3 0 0 0 0 8 4 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

45884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, ~~2d, 3d, &c.~~) .....

1. *Sex,* (*state whether male* ~~*or female*~~) .....
2. *Race or Color,* (*if not of the white race*) .....
3. *Date of Birth,* Feb. 20th 93
4. *Place of Birth,* (*Street and Number*) 634 N. Biddle av
5. *Full Name of Mother,* O. May - Davidson
6. *Mother's Maiden Name,* " " Hibbert.
7. *Mother's Birthplace,* Ohawan
8. *Full Name of Father,* Affra A Davidson
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Ont.

Name of Medical Attendant, or other person who makes this Return. Thomas J Hall

Address, 1401 N Fayette.

Remarks, ...

8930000849

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 4588.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 20 1893
4. Place of Birth, (Street and Number) 1126 Light
5. Full Name of Mother, Delia Frederick
6. Mother's Maiden Name, " Manion
7. Mother's Birthplace, Ireland
8. Full Name of Father, Jos. E. Frederick
9. Father's Occupation, Teamster
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address, 914 N. Charles St

Remarks,

8930000850

WM. J. D. BULANY CO CITY PRINTERS AND STATIONERS

Births shall be registered as far as the same can be ascertained the full name of each child. If any shall have been registered, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 45886.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 20 1893
4. Place of Birth, (Street and Number)	619 W. Lee
5. Full Name of Mother,	Catharine M. Shott
6. Mother's Maiden Name,	" " Snyder
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph H. Shott
9. Father's Occupation,	Baggage Master
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Theodore Cook M.D.
Address,	914 N. Charles st.
Remarks.	

8930000851

BY J. D. GULANY CO CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall every month to the office of the Commissioner of Health. In case the birth of any lie in third day of each month to the Commissioner of Health. In case the birth of any lie in

RETURN OF A BIRTH.

45887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21st of February 1923
4. *Place of Birth, (Street and Number)*	1402 East Baltimore St
5. *Full Name of Mother,*	Julia Waller
6. *Mother's Maiden Name,*	Sophia Triggs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Willard I. Waller
9. *Father's Occupation*	Clerk in Mailing Division Post Office
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Wm. C. Lucas
Address,	1059 Harford Ave
Remarks,	Bal Md

8930009852

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the periods above required, and shall occur without the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the periods of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	Colored.
3. Date of Birth,	February 21, 1895
4. Place of Birth, (Street and Number)	884 Tryson St. Balto Md
5. Full Name of Mother,	Delia Sewell
6. Mother's Maiden Name,	Delia Sewell
7. Mother's Birthplace,	St Marys Co Md
8. Full Name of Father,	John F Sewell
9. Father's Occupation,	Waiter
10. Father's Birthplace,	St Marys Co Md
Name of Medical Attendant, or other person who makes this Return.	Mary J. Richerson
Address,	315 King St.
Remarks,	Mother and child is Well as expect

8930000853

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4589

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth. Feb 21/93

4. Place of Birth, (Street and Number) 1609 Edmonson ave

5. Full Name of Mother. Mary A. Ewell

6. Mother's Maiden Name. Thompson

7. Mother's Birthplace. Cambridge Md.

8. Full Name of Father, Thos. Ewell

9. Father's Occupation, Reporter for the Sun"

10. Father's Birthplace, Cambridge Md

Name of Medical Attendant, or other Person who makes this Return Dr. J. Linthicum

Address, 1327 W Fayette St

Remarks,

8930000854

...T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 21 av
4. *Place of Birth, (Street and Number)* 224 N. Calhoun
5. *Full Name of Mother,* Margaret Price
6. *Mother's Maiden Name,* " Mansfield
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Clay S. Price
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Norman F Hill

Address, 1401 W Fayette st

Remarks,

8930000855

month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

4589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 21 1893
4. *Place of Birth, (Street and Number)*	722 Groveland ave
5. *Full Name of Mother,*	Christabel Lovejoy
6. *Mother's Maiden Name,*	Babington
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fred. P. Lovejoy
9. *Father's Occupation,*	Manager
10. *Father's Birthplace,*	Mass.
Name of Medical Attendant, or other person who makes this Return,	Theodore Chew M.D.
Address,	914 N. Charles St.
Remarks,	

18930000856

The name shall be set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to us who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 45897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 22 1893
4. Place of Birth, (Street and Number) City 1424 Vine in alley
5. Full Name of Mother, Mary J green
6. Mother's Maiden Name, Mary J price
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Jessey green
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Jane Warren

Address, 1121 Parish St

Remarks,

8930000857

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23 of January 1893.
4. *Place of Birth, (Street and Number)* 1610 Pentz Alley
5. *Full Name of Mother,* Margaretha Steiner
6. *Mother's Maiden Name,* Beck
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Georg Heinrich
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L Lyons

Address, 1078 Hanover st

Remarks,

8930000858

Wm. J. C. Dulany Co., City Printers and Stationers.

Parents, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

115-894

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 22nd 1873
4. *Place of Birth, (Street and Number)*	1530 Clifton st Baltimore City
5. *Full Name of Mother,*	Sallie J. Hunt
6. *Mother's Maiden Name,*	Sallie J Bull
7. *Mother's Birthplace,*	Mt Carmel Balto Co Md
8. *Full Name of Father,*	Daniel C. Hunt
9. *Father's Occupation,*	Gripman. Balto Traction. Co
10. *Father's Birthplace,*	Rayville Balto. Co. Md
Name of Medical Attendant, or other Person who makes this Return	Virginia Wheeler
Address,	1531 Shiekel st Baltimore City Md
Remarks,	

8930000859

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 14595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 22nd 1893
4. Place of Birth, (Street and Number) 232 Rock St
5. Full Name of Mother, Lizzie R. Hibbitts
6. Mother's Maiden Name, Roach
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George A Hibbitts
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Thos. F. McCormick 1421 Eutaw Pl

Address,

Remarks, Abnormal Labor: Child lived about half hour.

8930000860

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

...births, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

45896.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 23rd 1893.
4. Place of Birth (Street and Number)	2444 Oak Street
5. Full Name of Mother	Mary Lively
6. Mother's Maiden Name	Lee
7. Mother's Birthplace	Maryland
8. Full Name of Father	W. Tuck Lively
9. Father's Occupation	Mechanic
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgely Hammond M. D.
Address	2502 N. Carey St.
Remarks	

8930000861

RETURN OF A BIRTH

#3847.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 23 1893
4. *Place of Birth, (Street and Number)* 1314 N. Fremont ave
5. *Full Name of Mother,* Alice Farley
6. *Mother's Maiden Name,* Alice Williams
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Jno. F. Farley
9. *Father's Occupation,* Watchman N C R R
10. *Father's Birthplace,* New York City

Name of Medical Attendant, or other Person who makes this Return, Virginia Wheeler

Address, 1531 N. Tricker St

Remarks.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

8 9 3 0 0 0 0 8 6 2

A 15898.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 23d 1893
4. *Place of Birth, (Street and Number)*	1902 Division St.
5. *Full Name of Mother,*	Jennie Howard ~~Jenkins~~ Flowers
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Henry Howard
9. *Father's Occupation,*	Paint Mixer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Harvey Hill
Address,	807 N. Arlington Ave
Remarks,	8930000863

month, and shall set forth as far as the same can be ascertained the full name, the date and place of birth; and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any be is shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 45899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female).*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Febry 13 1893
4. *Place of Birth, (Street and Number)*	537 Columbia Ave
5. *Full Name of Mother,*	Emma Alt
6. *Mother's Maiden Name,*	Emma Schuman
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Jno Alt
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Harveyville Md & Dr. Arthur Mc Ave
Address,	
Remarks,	

8930000864

... J. G. SULANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 15900.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 23rd February 1893
4. Place of Birth, (Street and Number) 621. N. Carey st
5. Full Name of Mother, May Singer
6. Mother's Maiden Name, " Duhn
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward E Singer
9. Father's Occupation, Teacher
10. Father's Birthplace, Missouri

Name of Medical Attendant, or other person who makes this Return. J. W. Webster

Address, 403 Hanover st

Remarks,

8 9 3 0 0 0 0 8 6 5

month, and shall set forth as far as the same can be ascertained the full name of each child of any such have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

692 J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 14590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Light Brown Skin.

3. Date of Birth, Feb 2 1892

4. Place of Birth, (Street and Number) 719 Little Gunpowder Ballard

5. Full Name of Mother, Annie Williams

6. Mother's Maiden Name, Annie Robinson

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Charles Williams

9. Father's Occupation Coachman

10. Father's Birthplace, Louisa Co Va

Name of Medical Attendant, or other person who makes this Return, 642 Park St

Address,

Remarks,

8930000866

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

Orig

RETURN OF A BIRTH.

A 45907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Jessie Terry

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February 24th 93.
4. Place of Birth, (Street and Number)	326 N. Stricker St.
5. Full Name of Mother,	Mary E. Terry
6. Mother's Maiden Name,	Mary E. Thatcher
7. Mother's Birthplace,	Baltimore, Md.
8. Full Name of Father,	John A. Terry
9. Father's Occupation,	Farmer
10. Father's Birthplace,	Montgomery Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Henry C. Ohle. M.D.
Address,	1201 W. Fayette St
Remarks,	8930000867

been entered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

15403

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Feb 24, 1893

4. *Place of Birth (Street and Number)* 618 South St

5. *Full Name of Mother* Mary A. ~~Hughes~~ McCarty

6. *Mother's Maiden Name* " "

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Henry Hughes

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. Fawcett, M.D

Address 550 Mosher St

Remarks Child died Twelve hours after birth

8930000868

RETURN OF A BIRTH.

15904.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 24 february 10 O'clock
4. Place of Birth, (Street and Number) 927 Chapple st
5. Full Name of Mother, Mary Lizzie Banks
6. Mother's Maiden Name, Dy
7. Mother's Birthplace, Balto
8. Full Name of Father, unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Theodore Steel Josephine Cooper

Address, 813

Remarks,

8930000869

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A-1590

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 25 1893
4. *Place of Birth, (Street and Number)*	209 N Sharp St
5. *Full Name of Mother,*	Fanny Keere McSherry
6. *Mother's Maiden Name,*	Fanny Keere
7. *Mother's Birthplace,*	City of Balto
8. *Full Name of Father,*	J. E. McSherry
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	City of Balto
Name of Medical Attendant, or other Person who makes this Return	Robert W. Moffett M.D.
Address,	Baltimore
Remarks,	

1893 0 0 0 2 0 8 7 0

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Ches. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 45906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, February 25/93
4. Place of Birth, (Street and Number) 1102 McDonough St
5. Full Name of Mother, Wilhemina Lutz
6. Mother's Maiden Name, " Schuster.
7. Mother's Birthplace, Holland
8. Full Name of Father, Frank Lutz
9. Father's Occupation, Jeweler
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Geo. F Taylor. M.D

Address, 1254 N. Broadway

Remarks,

8930000871

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	15th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 15th 1893
4. *Place of Birth, (Street and Number)*	1215 E. Oliver St.
5. *Full Name of Mother,*	Lizzie Feder
6. *Mother's Maiden Name,*	Lizzie Feinberg
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Feder
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Dr. A. F. Lowe
Address,	1215 E. Oliver St.
Remarks,	Baltimore City

8930000872

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

45408

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (~~state whether male or female~~)*

2. *Race or Color, (~~if not of the white race~~)*

3. *Date of Birth,* Feby 26 1893

4. *Place of Birth, (Street and Number)* 1911 Eden St.

5. *Full Name of Mother,* Ella O'Brien Shea

6. *Mother's Maiden Name,* O'Brien

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Danl. Shea

9. *Father's Occupation,* Bar Keeper

10. *Father's Birthplace,* Texas

Name of Medical Attendant, or other Person who makes this Return Jas. M. Craighill

Address, 1930 N. Charles

Remarks,

69380008873

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or shall not be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 15407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 1 '08
4. Place of Birth, (Street and Number) 121 Low St
5. Full Name of Mother, Hattie Brazen
6. Mother's Maiden Name, " Schneider
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Brazen
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1125 Wallace St.

Remarks,

8930000874

Reports of births required shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 1 93
4. Place of Birth, (Street and Number) 69 Longwood St
5. Full Name of Mother, Caroline Cottigan
6. Mother's Maiden Name, Guthrie
7. Mother's Birthplace, Balto Md
8. Full Name of Father, James Cottigan
9. Father's Occupation Tinsmith Baker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Evelyn Miller

Address, 1611 Walker St.

Remarks,

8 9 3 0 0 0 0 8 7 5

Wm. J. C. Dulany Co., City Printers and Stationers

Notice. The child must be set forth as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 1st. 93
4. *Place of Birth, (Street and Number)* 312 S. Ewen St.
5. *Full Name of Mother,* Mary
6. *Mother's Maiden Name,* Shmidt
7. *Mother's Birthplace,* Konna
8. *Full Name of Father,* Max Kemf
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Konna

Name of Medical Attendant, or other person who makes this Return Mrs. L. Klotz

Address, 207 S. High St.

Remarks,

8930000876

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 754 V.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 5 '98
4. Place of Birth, (Street and Number) 212 Guilford Ave
5. Full Name of Mother, Sa A E Clifford
6. Mother's Maiden Name, " " " Roberts
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Sa E Clifford
9. Father's Occupation Ende Engineer Dyer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1625 Harlan St

Remarks,

8 9 3 0 0 0 0 8 7 7

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4593.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th of November Febr.
4. *Place of Birth, (Street and Number)*	2. Carollown Av
5. *Full Name of Mother,*	Elisabeth Laumann
6. *Mother's Maiden Name,*	Elisabeth Weith
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Carle Laumann
9. *Father's Occupation*	Büttcher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Reuter Midwife
Address,	2116 West Pratt St.
Remarks,	

8 9 3 0 0 0 0 8 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male John George
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 7th 1893
4. Place of Birth, (Street and Number) Baltimore Wall Street
5. Full Name of Mother, Margrett
6. Mother's Maiden Name, Margrett Hunt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John L Hornig
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return: Henrietta P Byrd

Address.

Remarks.

8930000879

& Co., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) W
3. Date of Birth, 2nd-9th-93
4. Place of Birth, (Street and Number) Harford Road-
5. Full Name of Mother, Ella Erdman
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father, P. Campbell Erdman
9. Father's Occupation, Florist
10. Father's Birthplace, Balto.

Name of Medical Attendent, or other person who makes this Return. Jenny White M.D.

Address, 1207 E. Monument St

Remarks,

1893 0 0 0 0 8 8 0

Month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45416.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st "

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) " African
3. Date of Birth, February 10th 93
4. Place of Birth, (Street and Number) " 1302 Pendleman
5. Full Name of Mother, Josephine Price
6. Mother's Maiden Name, " Stafford
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Thomas Price
9. Father's Occupation, Carter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. C. W. Dodson M.D.

Address, 1108 Madison Avenue.

Remarks,

8 9 3 U 0 0 0 0 8 8 1

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 4-8-58

RETURN OF A BIRTH.

4547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	John Bartholomaeus Dennstaedt
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 10th 1892 1893
4. Place of Birth, (Street and Number)	923 Burgundy Alley
5. Full Name of Mother,	Chrisdina Dennstaedt
6. Mother's Maiden Name,	Chridina Vonberg
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Adam Dennstaedt
9. Father's Occupation	Fireman
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 Eden St.
Remarks,	

8930000882

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10th of November Feb.
4. *Place of Birth, (Street and Number)*	313 Forest St
5. *Full Name of Mother,*	Margaretha Bükel
6. *Mother's Maiden Name,*	Margaretha Spendler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wilhelm Bükel
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Widwife
Address,	206 West Pratt St.
Remarks,	

6 9 3 0 0 0 0 8 8 3

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 45419.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 10 '23
4. Place of Birth, (Street and Number) 104 Allemark St.
5. Full Name of Mother, Esther
6. Mother's Maiden Name, Blechacsky
7. Mother's Birthplace, Ky
8. Full Name of Father, David Fielding
9. Father's Occupation Tailor
10. Father's Birthplace, Ky

Name of Medical Attendant, or other person who makes this Return Taylor Mee

Address, 217 S High St

Remarks,

8930000884

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty.—Any person who shall wilfully refuse or neglect to report, as herein required, the birth of any child, or who shall report as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

45470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11th of November 1900
4. *Place of Birth, (Street and Number)*	1900 West Pratt
5. *Full Name of Mother,*	Karolina Reis
6. *Mother's Maiden Name,*	Karolina Webster
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Peter Reis
9. *Father's Occupation*	Storekeper
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 West Pratt St
Remarks,	

8930000885

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A. 145971.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth.*	Feb 12 - 93
4. *Place of Birth, (Street and Number)*	1131 Light St
5. *Full Name of Mother.*	Mary Zipprian
6. *Mother's Maiden Name.*	Wallspier
7. *Mother's Birthplace.*	U S
8. *Full Name of Father.*	Jos. Zipprian
9. *Father's Occupation,*	Barber
10. *Father's Birthplace.*	U S
Name of Medical Attendant, or other Person who makes this Return	Geo. C. Strauss M.D.
Address,	9 E Montgomery St.
Remarks.	

8 9 3 0 0 0 0 0 8 8 6

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 45477.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13th of November Tolum
4. *Place of Birth, (Street and Number)*	1634 N. Lombard
5. *Full Name of Mother,*	Lena Braun
6. *Mother's Maiden Name,*	Lena Dahne
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	James Braun
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Widwife
Address,	2116 West Batt
Remarks,	

8 9 3 0 0 0 0 8 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 45423.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th February 1893
4. *Place of Birth, (Street and Number)* 1 Hope St Baltimore
5. *Full Name of Mother,* Mrs Hattie Yoder
6. *Mother's Maiden Name,* Mrs Hattie Isack
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William G Yoder
9. *Father's Occupation,* Shoe Dealer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs M L Foster

Address, 1600 E. Lanvale st.

Remarks,

8930000888

been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 14 1893.
4. *Place of Birth, (Street and Number)* 2326 Canton Ave.
5. *Full Name of Mother,* Minnie Haskell.
6. *Mother's Maiden Name,* Minnie Seitz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jonas Haskell
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Lanvale St.

Remarks,

8930000889

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45925.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Charles Washington Porter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	M
2. Race or Color, (if not of the white race)	W
3. Date of Birth,	Jul 15-93-
4. Place of Birth, (Street and Number)	1742 N. Bond
5. Full Name of Mother,	Maggie Porter
6. Mother's Maiden Name,	Nichols
7. Mother's Birthplace,	Md
8. Full Name of Father,	C W Porter
9. Father's Occupation,	Plumber
10. Father's Birthplace,	Md
Name of Medical Attendent, or other person who makes this Return.	Dr Miller
Address,	1207 E Monument St
Remarks,	

8 9 3 0 0 0 0 0 8 9 0

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or persons required, and attendance report its birth to the Commissioner of Health. In the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. child to report its birth to the Commissioner, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 16th February 1907
4. Place of Birth, (Street and Number) 840 Gunder Ave Baltimore
5. Full Name of Mother, Mathilde Kuster
6. Mother's Maiden Name, Fitzgerald.
7. Mother's Birthplace, Germany
8. Full Name of Father, Lewis Kuster
9. Father's Occupation Tinner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm Bange

Address, 711 Cross St.

Remarks,

8930000891

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 -

1. Sex, (state whether male or female) M -
2. Race or Color, (if not of the white race) W
3. Date of Birth. Feb 16 - 93
4. Place of Birth, (Street and Number) 1206 E Monument -
5. Full Name of Mother, Annie Elder -
6. Mother's Maiden Name, Baker -
7. Mother's Birthplace, Md
8. Full Name of Father, Henry Elder
9. Father's Occupation Baker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jno Mueller M.D.

Address, 1207 E Monument

Remarks, 8930000892

---

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th of November Febuar
4. *Place of Birth, (Street and Number)*	2122 Prince St
5. *Full Name of Mother,*	Martha Karbowski
6. *Mother's Maiden Name,*	Martha Schroeder
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Carl Karbowski
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friedrike Keuler Midwife
Address,	216 West Pratt
Remarks,	

5 9 3 0 0 0 0 8 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (5) Colored

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 17 th 1893
4. Place of Birth, (Street and Number) F 1146 Cleveland St
5. Full Name of Mother, Mary T. Bradley
6. Mother's Maiden Name, McKenna
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Benjamin L Bradley
9. Father's Occupation Manager of Moulding worker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Wm Barge

Address, 711 Conn St.

Remarks,

8930000894

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the penalties of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-1-53

RETURN OF A BIRTH. A 45930.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Kern

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb. 1 — 1893
4. *Place of Birth, (Street and Number)*	925 Eastern Ave.
5. *Full Name of Mother,*	Kate Kern
6. *Mother's Maiden Name,*	Ross
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Kern
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who made this Return	Mary Stein
Address,	1427 E Pratt St.
Remarks,	8930000895

Every case of birth occurring after the first day of January, 1894, within the limits of Baltimore City, shall be reported to the Commissioner of Health, within ten days after the occurrence thereof, by the physician in attendance upon the case, and in the absence of such physician, then by the midwife, nurse, parent, householder, or other person having knowledge of the case, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

4543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. 1st Feb 1893
4. Place of Birth, (Street and Number) 7362 Fort Ave
5. Full Name of Mother, Susan Connell
6. Mother's Maiden Name, Schrek
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Connell
9. Father's Occupation Carpenter
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yokell

Address, 7362 Fort Ave

Remarks, 8930000896

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A45937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 1 - 93
4. *Place of Birth, (Street and Number)* 714 Bank
5. *Full Name of Mother,* Mabel E Taylor
6. *Mother's Maiden Name,* " " Goggin
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm F Taylor
9. *Father's Occupation* Telegrapher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Carroll

Address, 712 McDonough

Remarks,

8 9 3 0 0 0 0 8 9 7

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 45933.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 3, 1893
4. *Place of Birth, (Street and Number)*	343 Parkin Street
5. *Full Name of Mother,*	Mary Ann Wolbert
6. *Mother's Maiden Name,*	Gibson
7. *Mother's Birthplace,*	" " Maryland
8. *Full Name of Father,*	John Wolbert
9. *Father's Occupation,*	Mechanic
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Ethel Saree M.D.
Address,	830 Columbia Ave
Remarks,	

8930000898

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 3-93
4. *Place of Birth, (Street and Number)* 2007 E Federal
5. *Full Name of Mother,* Nellie B. Amass
6. *Mother's Maiden Name,* " " Myers
7. *Mother's Birthplace,* Charles E. Amass
8. *Full Name of Father,* Maryland
9. *Father's Occupation* Balto
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Wm Ward O'Donnell

Address, 412 N E Straight St

Remarks,

8930000899

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Feb. 3rd 1893.
4. Place of Birth, (Street and Number) 1021 Raborg St.
5. Full Name of Mother, Carrie Colbert.
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. M. Lawson M.D.

Address, 622 N. Lombard St.

Remarks,

1893000000900

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED - 8/2/68

A 45436

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CHARLES ~~HARRIS~~ BRYANT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 3d 1913
4. Place of Birth, (Street and Number)	1913 Linden Ave
5. Full Name of Mother,	Alice A. Bryant
6. Mother's Maiden Name,	Alice V. Harris
7. Mother's Birthplace,	Ohio
8. Full Name of Father,	Edward Bryant
9. Father's Occupation	Lawyer
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return,	H. Hullins
Address,	101 Cathedral St.
Remarks,	

1893 0000901

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

45937

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 2 93
4. Place of Birth, (Street and Number) 19 E Christian St
5. Full Name of Mother, Mrs Rosa Stork Apple
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, John Apple
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E E Ulrich M.D.

Address, Lemmon Square

Remarks,

18930000902

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1/5938.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each contract in its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 3 - 1893
4. Place of Birth, (Street and Number) 1823 Bank
5. Full Name of Mother, Annie W. Steinmetz
6. Mother's Maiden Name, Hoffmeister
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Steinmetz
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Fiath St.

Remarks,

8930000903

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 16939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Feb. 4th 1893.
4. Place of Birth, (Street and Number) 1030 S. Howard st.
5. Full Name of Mother, Mariah Ballard
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return L. L. Eley M. D.

Address, 622 N. Lombard St.

Remarks,

8930000904

J. S. SHARP & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 1/6940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Baltimore
4. *Place of Birth, (Street and Number)* Baltimore No 212 Parkin St
5. *Full Name of Mother,* Mary Lewars
6. *Mother's Maiden Name,* Mary Walters
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father,* William Bowers
9. *Father's Occupation* Sailor
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L Mitchell

Address. No 216 Parkin St

Remarks. 8930000905

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: ~~[illegible]~~ Nellie Farmer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 4 — 1893
4. Place of Birth, (Street and Number) 415 S. Central Ave.
5. Full Name of Mother, Nellie L. Farmer
6. Mother's Maiden Name, ~~Louise~~ Beacham
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Alexander L. Farmer
9. Father's Occupation, Laborer
10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 6930000906

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 45977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 4th 1893
4. Place of Birth, (Street and Number) #2034 Bank st
5. Full Name of Mother, Ella Harris
6. Mother's Maiden Name, " Evans
7. Mother's Birthplace, Maryland
8. Full Name of Father, Joseph Harris
9. Father's Occupation, Engineer
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return. W. H. Schwatka Jr. M.D.

Address #2429 Lancaster st

Remarks,

8930000907

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CHAS. J. O. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 115943.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, February 4th 1893.
4. Place of Birth, (Street and Number) No 102 S Monroe st.
5. Full Name of Mother, Lizzie Atkinson
6. Mother's Maiden Name, A. Smith.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Chas. Atkinson.
9. Father's Occupation Bristle Worker.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Annie Lindsay.

Address, No 106 S. Monroe st.

Remarks,

8 9 3 0 0 0 0 9 0 8

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. Feb. 6 — 1893
4. Place of Birth, (Street and Number) 1646 East Pratt St.
5. Full Name of Mother, Margretha L. Steinmetz
6. Mother's Maiden Name. Greif
7. Mother's Birthplace. Baltimore
8. Full Name of Father, Frederick Steinmetz
9. Father's Occupation Upholster
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this return Mary Stein

Address, 1427 E. Pratt St.

Remarks. 1893000909

The name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 15945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 6 93
4. *Place of Birth, (Street and Number)*	1305 Harlem Av.
5. *Full Name of Mother,*	T. L. Brown
6. *Mother's Maiden Name,*	Hopkins
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	James Brown
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	736 E. Fusten St.
Remarks,	

8930000910

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45946.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, February 6
4. Place of Birth, (Street and Number) 341 Hamilton Ave.
5. Full Name of Mother, Alice Grant.
6. Mother's Maiden Name, Alice Rich
7. Mother's Birthplace, Virginia
8. Full Name of Father, George Grant
9. Father's Occupation, Farmer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchell

Address, 609 Lanvale St.

Remarks,

8930000911

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9 February
4. *Place of Birth, (Street and Number)* [illegible] 1213
5. *Full Name of Mother,* Margie Street
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Louisiana
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Louisiana

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] Broadway and Eutaw Street

Remarks,

8930000912

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 17648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Feb. 7th 1893.
4. Place of Birth, (Street and Number) 622 N. Lombard st.
5. Full Name of Mother, Annie Laws.
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. M. Lawson M.D.

Address, 622 N. Lombard st.

Remarks,

8930000913

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and say such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. GUILEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14949

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Feb. 7th
4. Place of Birth, (Street and Number) 3 King St.
5. Full Name of Mother, Mary Smith.
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. M. Lawson M.D.

Address, 622 N. Lombard St.

Remarks,

8930000914

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 145950.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 7th
4. Place of Birth, (Street and Number) 142 E. Hughes St
5. Full Name of Mother, Annie Cochran
6. Mother's Maiden Name, Parker
7. Mother's Birthplace, Prince Georges Co Md
8. Full Name of Father, Wm Cochran
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J. C. Brunck M D

Address, 511 Hanover St

Remarks,

8930000915

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 145951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Feb 7 1893
4. Place of Birth, (Street and Number)	123 St Peter
5. Full Name of Mother,	Dora Horney
6. Mother's Maiden Name,	" Westcott
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frank C Horney
9. Father's Occupation,	Car maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo Rhaham
Address,	
Remarks,	

8930000916

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 145957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. February 7th 1893.
4. Place of Birth, (Street and Number) No 314 Frederick Ave.
5. Full Name of Mother. Kuni Bauer.
6. Mother's Maiden Name. Kröss.
7. Mother's Birthplace. Neudorf Heiden
8. Full Name of Father, Frank L. Bauer
9. Father's Occupation Laborer
10. Father's Birthplace, Neudorf Heiden

Name of Medical Attendant, or other person who makes this Return Obrie Lindner

Address. No 106 S. Monroe St.

Remarks.

8 9 3 0 0 0 0 9 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Persons required by law to report births are hereby notified that the full name and occupation of the parents, the date and place of birth, and the sex, color, &c., of each child born must be entered on the blank form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45953.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 8th Feb.
4. Place of Birth, (Street and Number) 818 S. Charles st
5. Full Name of Mother, Amelia Ernst
6. Mother's Maiden Name, Kern
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Ernst
9. Father's Occupation Paper Hanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks.

8930000918

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 8th of February

4. Place of Birth, (Street and Number) Baltimore 926 Hanover St

5. Full Name of Mother, Amelia L Pacy

6. Mother's Maiden Name, Amelia L Hahn Kern

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William B. Pacy

9. Father's Occupation Tailor

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Hahn Memorial

Address, 926 Hanover Street

Remarks,

8930000919

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 45958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each child born, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Born Feb 11 8 1893
4. *Place of Birth, (Street and Number)* 1005 Chesapeake St
5. *Full Name of Mother,* Anna L Bartell
6. *Mother's Maiden Name,* Anna L Clark
7. *Mother's Birthplace,* Georgetown D C
8. *Full Name of Father,* Jacob Bartell
9. *Father's Occupation* Lofer waiter
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return Mrs D. Lederman

Address, 1225 Hare Street

Remarks,

1893000920

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45496.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 8 93

4. Place of Birth, (Street and Number) 506 Washington ave St

5. Full Name of Mother, E. Nitsch

6. Mother's Maiden Name, E Bradley

7. Mother's Birthplace, Ireland.

8. Full Name of Father, R. G. Nitsch

9. Father's Occupation, Bookbinder maker.

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson M.D.

Address, 776 E. Preston St

Remarks,

8930000921

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 8 1893
4. Place of Birth, (Street and Number) 2-71 Lattimore Baltimore MD
5. Full Name of Mother, Mary Ellar Stelley
6. Mother's Maiden Name, Jackson
7. Mother's Birthplace, Baltimore County MD
8. Full Name of Father, Samuel E Stelley
9. Father's Occupation, driver ice cream wagon
10. Father's Birthplace, Carroll County

Name of Medical Attendant, or other person who makes this Return.

Address, Martha King 575 Hickory ave Baltimore MD

Remarks,

8930000922

Said Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

1598.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feb. 8th 1893.
4. *Place of Birth, (Street and Number)*	622 N. Lombard St.
5. *Full Name of Mother,*	Mary Simms.
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	L L Eley M D.
Address,	622 N. Lombard st.
Remarks,	

8930000923

J. B. BALLANTY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 45959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White.
3. Date of Birth, Feb. 8th 1893.
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Dora Moore
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. M. Lawson M. D.

Address, 622 N. Lombard st.

Remarks,

8930000924

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E. S. SULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45160.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February the 9 1893
4. *Place of Birth, (Street and Number)*	No 227 Vincent Place
5. *Full Name of Mother,*	Nellie Filsginings
6. *Mother's Maiden Name,*	Nellie Ahern
7. *Mother's Birthplace,*	ireland
8. *Full Name of Father,*	Henry Ahern
9. *Father's Occupation*	Cabman
10. *Father's Birthplace,*	ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	No 19 22 Wilkins Ave
Remarks,	

1893000925

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A-45961.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White.
3. Date of Birth, Feb. 9th 1893.
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Jennie Baker
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L L Eley M.D.

Address, 622 N. Lombard St.

Remarks.

8930000926

said schedule shall be delivered, duly signed by the practitioner on the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-2-55

RETURN OF A BIRTH. 4596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Phyllis Edwin Sullivan
2. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
3. Sex, (state whether male or female) Female
4. Race or Color, (if not of the white race) White
5. Date of Birth, Thursday February 9th 1893
6. Place of Birth, (Street and Number) 406 N. Fulton St
7. Full Name of Mother, Ethel Anna Sullivan
8. Mother's Maiden Name, Birkhead
9. Mother's Birthplace, West River, Anne Arundel Co. Md.
10. Full Name of Father, Philip Edwin Sullivan
11. Father's Occupation, Traveling Salesman
12. Father's Birthplace, Southville, Calvert Co. Md.
13. Name of Medical Attendant, or other person who makes this Return, Annie Lindner
14. Address, W. 106 S. Monroe St.
15. Remarks,

8 9 3 0 0 0 0 9 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 9-20-50

RETURN OF A BIRTH.

4546 3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth E. Waggner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 9-93
4. Place of Birth, (Street and Number) 823 E. Eager
5. Full Name of Mother, Lilly Wagner's Waggner
6. Mother's Maiden Name, " Willard
7. Mother's Birthplace, Pa
8. Full Name of Father, Harry (Henry E Wagner's Waggner
9. Father's Occupation Cutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 912 N Bond

Remarks,

8930000928

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 9th 1893
4. *Place of Birth, (Street and Number)*	824 N. Franklin St
5. *Full Name of Mother,*	Mary Jane Jones
6. *Mother's Maiden Name,*	Mary Jane Crocken
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo Thomas Jones
9. *Father's Occupation*	Butter Dealer
10. *Father's Birthplace.*	Calverton Baltimore Co
Name of Medical Attendant, or other person who makes this Return.	Anna Lindner
Address,	916 S. Monroe St.
Remarks,	

8 9 3 0 0 0 0 9 2 9

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 15960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

born contents; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 10 - 93
4. *Place of Birth, (Street and Number)*	2037 E Fayette
5. *Full Name of Mother,*	Mary J. Donohue
6. *Mother's Maiden Name,*	" " Donovan
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Louis D. Donohue
9. *Father's Occupation*	Carmaker
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Dr Mary A. Cassell
Address,	912 McDonough
Remarks,	

1893000000930

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-17966.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	F. Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February 10 93
4. Place of Birth, (Street and Number)	538 Dolphin St
5. Full Name of Mother,	M. Lemmon
6. Mother's Maiden Name,	M. Tress
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Chas. Lemmon
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	J. H. Robbins M.D.
Address,	736 E. Preston St
Remarks,	

8930000931

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* feb 10, 1893
4. *Place of Birth, (Street and Number)* 1124 Pine at
5. *Full Name of Mother,* Cora Thomas
6. *Mother's Maiden Name,* Smothers
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Charles Thomas
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other person who makes this Return. Maria Jones

Address, 1337 Whitelock st

Remarks,

8930000932

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45968.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 11 93
4. *Place of Birth, (Street and Number)* 224 N. Wolfe
5. *Full Name of Mother,* Mary F. I. Bartram
6. *Mother's Maiden Name,* " " Nolan
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm F. Bartram
9. *Father's Occupation* Can Capper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allen

Address, 912 McDonough St

Remarks,

8930000933

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

45984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth Evelyn ~~Gosnell~~ Gosnett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 11 - 93

4. Place of Birth, (Street and Number) 1057 Cinquitt

5. Full Name of Mother, Ruth Gosnell

6. Mother's Maiden Name, " Lancaster

7. Mother's Birthplace, Balto

8. Full Name of Father, Franklin D Gosnell

9. Father's Occupation Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks, GIVEN NAME ADDED. 6-17-53 L.M.

8930000934

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Twins

1. Sex, (state whether male or female) Males
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 12 1893
4. Place of Birth, (Street and Number) 1502 Foster Ave.
5. Full Name of Mother, Florence Lennert
6. Mother's Maiden Name, Wade
7. Mother's Birthplace, Virginia
8. Full Name of Father, William Lennert
9. Father's Occupation, Laborer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, J. Mary Stein

Address, 1927 E. Pratt St.

Remarks,

8930000935

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 15971.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12h

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 12 — 93.
4. Place of Birth, (Street and Number) 904 Whitelocks Lane.
5. Full Name of Mother, Carrie E. Hopkins.
6. Mother's Maiden Name, " Fowler.
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Wm E. Hopkins
9. Father's Occupation, Machinist
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. L. F. Frey. M.D.

Address, 2414 Druid Hill Ave.

Remarks, R. A. Fee.

8930000936

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 Feb
4. Place of Birth, (Street and Number) 1225 Wall St
5. Full Name of Mother, Louisa M. Beeler
6. Mother's Maiden Name, Louisa M. Wallace
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Burk Peter Hagerstown
9. Father's Occupation Baltimore
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Kate Shipe

Address, 500 S. Eutaw St Stad

Remarks,

8930000937

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 13 1893
4. Place of Birth, (Street and Number)	603 N Gay St
5. Full Name of Mother,	Sarah Steindler
6. Mother's Maiden Name,	" Frank
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Aug G Steindler
9. Father's Occupation,	Barber
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Leo Rhaleen
Address,	
Remarks,	

8930000938

Wm J C. Dulany Co., City Printers and Stationers.

and he/she shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Feb. 13th 1893.
4. Place of Birth, (Street and Number) 809 Mott St.
5. Full Name of Mother, Sadie Jones
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return J. M. Lawson M. D.

Address, 672 N. Lombard st.

Remarks,

8930000939

said schedule shall be delivered, must be signed by the practitioner in the step of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

G. DELANEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 11945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Feb. 13th 1893
4. Place of Birth, (Street and Number) 510 Burgundy Al.
5. Full Name of Mother, Addie Bordely
6. Mother's Maiden Name.
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return. L. L. Eley M. D.

Address, 672 N. Pennsylvania Ave.

Remarks.

8930000940

E. CLARKE & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 15970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 14th 1853
4. Place of Birth, (Street and Number) #2533 Eastern Ave
5. Full Name of Mother. Katie O. Gill
6. Mother's Maiden Name, " " Starkey
7. Mother's Birthplace, Balto
8. Full Name of Father, John Gill
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. W. H. Schwatka M.D.

Address, #2425 Lancaster-st

Remarks,

8930000941

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feby 14 93
4. Place of Birth, (Street and Number)	524 Conway St.
5. Full Name of Mother,	Bessie Kunkel
6. Mother's Maiden Name,	" Hendrickson
7. Mother's Birthplace,	Md.
8. Full Name of Father,	H. F. Kunkel
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson
Address,	726 E. Pratt St
Remarks,	

8930000942

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Delany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 15 - 93

4. Place of Birth, (Street and Number) 736 Greenmount ave

5. Full Name of Mother, Elizabeth F. Hawk

6. Mother's Maiden Name, " " Roadkamp

7. Mother's Birthplace, Balto

8. Full Name of Father, Joseph Hawk

9. Father's Occupation Farmer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks,

8 9 3 0 0 0 0 9 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

1/5979

GIVEN NAME ADDED 8-2-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hilda Elvira Hippler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, January 15 1893

4. Place of Birth, (Street and Number) Balto 335 Henrietta St

5. Full Name of Mother, Mary A Hippler

6. Mother's Maiden Name, " " Russell

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Hippler

9. Father's Occupation Cigar Maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

8930000944

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 45480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Feb. 16th 1893
4. Place of Birth, (Street and Number) 1603 Cole st.
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. M. Lawson M. D.

Address, 622 N. Lombard st.

Remarks.

8930000945

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

G. BIA ARTY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45981.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16th of February 1899
4. Place of Birth, (Street and Number) 1461 Garrett Ave Lonest Point
5. Full Name of Mother, Luisa Tanker
6. Mother's Maiden Name, Luisa Maag
7. Mother's Birthplace, Nennkirch Switzerland
8. Full Name of Father, Joseph Tanker
9. Father's Occupation, Labourer
10. Father's Birthplace, Regensburg Bavaria Germany

Name of Medical Attendant, or other person who makes this Return, Lina Müller

Address, 1402 Towson Street Lonest Point

Remarks,

6 9 3 0 0 0 0 9 4 6

Wm J. C. Dulany Co., City Printers and Stationers.

Every midwife or person other than a physician or practitioner of midwifery, who shall attend upon any birth, shall, within ten days after the birth, make a return thereof to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

45987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, February 16 1893

4. Place of Birth, (Street and Number) 1734 Light St

5. Full Name of Mother, Carrie E Kent

6. Mother's Maiden Name, Carrie E. Busch

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George M Kent

9. Father's Occupation, State Manager

10. Father's Birthplace, Oakville Canada

Name of Medical Attendant, or other person who makes this Return, Katie [illegible]

Address, 100 Bradenhall Blvd

Remarks,

8930000947

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 45483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

tion conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Baltimore 1039 N st
4. *Place of Birth, (Street and Number)* February 17th 1893 Cary
5. *Full Name of Mother,* Mary Tolson
6. *Mother's Maiden Name,* Mary Talby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charlie Tolson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Mitchell

Address, No 216 Carlton st

Remarks,

8930000948

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

45784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 17. 1893
4. *Place of Birth, (Street and Number)*	Balt. No. 410 Dennyer Alley
5. *Full Name of Mother,*	Mrs Justina Hoffman
6. *Mother's Maiden Name,*	Mrs " " Fehlke
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	Mr Charles Hoffman
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return,	Mrs Joza Kanuer
Address,	No 2026 E. Fayette St. B. Md
Remarks,	

8930000949

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. A 7898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Feb 18th 1893
4. Place of Birth, (Street and Number) 1414 Bruce St Balto
5. Full Name of Mother, Jannie Booth
6. Mother's Maiden Name, Jannie ~~Booth~~ Duckett
7. Mother's Birthplace, Prince Georges County Md
8. Full Name of Father, William Booth
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Matilda Johnson

Address, 1408 Bruce st

Remarks, no

18930000950

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45986.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th February
4. Place of Birth, (Street and Number) 338 Caldwell Av
5. Full Name of Mother, Alice V. Carlson
6. Mother's Maiden Name, Alice V. Malcolm
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George E. Carlson
9. Father's Occupation Mechanic
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 Crane St.

Remarks,

8930000951

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feby 18th 1893
4. *Place of Birth, (Street and Number)*	# 1230 Etting St.
5. *Full Name of Mother,*	Annie E. Butler
6. *Mother's Maiden Name,*	Sank
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm J. Butler Jr
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	R. C. Lee
Address,	Hanover St. cor Barre
Remarks,	

8930000952

WM. J. C. BULLEY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

45988.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored.
3. *Date of Birth,*	Feb. 19th 1893.
4. *Place of Birth, (Street and Number)*	719 E Hughes St.
5. *Full Name of Mother,*	Mary Garrison.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	L. L. Eby M. D.
Address,	622 N. Pennsylvania Ave.
Remarks,	

8 9 3 0 0 0 0 9 5 3

G. BLAKEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 45989.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 19th
4. Place of Birth, (Street and Number) 1318 Light St.
5. Full Name of Mother, Annie Kelly
6. Mother's Maiden Name, " Caulk
7. Mother's Birthplace, City
8. Full Name of Father, Jas. Kelly
9. Father's Occupation, Milk-dealer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, L. C. Bruch M.D.

Address, 571 Hanover

Remarks,

8930000954

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 105490

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st., 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Feb. 19-1893-
4. Place of Birth, (Street and Number) 404 Davis St. City.
5. Full Name of Mother, Ida J. Pennington
6. Mother's Maiden Name, Ida J. Dennis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Pennington
9. Father's Occupation, Laborer
10. Father's Birthplace, Quebec

Name of Medical Attendant, or other person who makes this Return, Dr. C. B. Warren

Address, 721 N. Calvert St. City.

Remarks,

8 9 3 0 0 0 0 9 5 5

Wm J. C. Dulany Co., City Printers and Stationers.

This Return must be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A-45991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 17 22.

4. Place of Birth, (Street and Number) 410 N. Eden St.

5. Full Name of Mother, Connie Beal

6. Mother's Maiden Name, Mattox

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jesse Beal

9. Father's Occupation, Cotton Frame Mover

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Connie Beal

Address, 19 N. Eden St.

Remarks,

1 8 9 3 0 0 0 0 9 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Robert st. 1249.
4. Place of Birth, (Street and Number) 19. Texas
5. Full Name of Mother, Kath. Bender.
6. Mother's Maiden Name, Schreiner
7. Mother's Birthplace, Russland.
8. Full Name of Father, Konrad Bender.
9. Father's Occupation, Tobacco.
10. Father's Birthplace, Russland.

Name of Medical Attendant, or other person who makes this Return, Katharine Meyer

Address, Beason st. 1421 Locus Point.

Remarks,

18930000957

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar of Vital Statistics shall furnish to the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 14493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 19, 1893
4. Place of Birth, (Street and Number) Balt No 106 S. Wolfe St
5. Full Name of Mother, Mrs Maggie Lunt
6. Mother's Maiden Name, Mrs " " Smith
7. Mother's Birthplace, Europe
8. Full Name of Father, Mr. John Lunz
9. Father's Occupation Taylor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Joseph Lunga

Address, No. 2026 E. Fayette B Md.

Remarks,

18930000958

been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 45944

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st 5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 19 1893
4. *Place of Birth, (Street and Number)*	Balt No 116 S Chapel St.
5. *Full Name of Mother,*	Mrs Theresa Biener
6. *Mother's Maiden Name,*	Mrs " " Stengel
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	Mr John Biener
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return,	Mrs Josephine Krueger
Address,	No 2026 E. Fayette St. Balto. Md.
Remarks,	

8930000959

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 15920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 22 '93
4. *Place of Birth, (Street and Number)* 69 Stiles St
5. *Full Name of Mother,* Rose Schmidt
6. *Mother's Maiden Name,* " Barthes
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Schmidt
9. *Father's Occupation* Tailor Dress
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Myers

Address, 1620 Thatcher St

Remarks,

8 9 3 0 0 0 0 9 6 0

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 45996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 20. 1893
4. Place of Birth, (Street and Number) 183 Hanover Locust Court
5. Full Name of Mother, Lizzie Kornmann.
6. Mother's Maiden Name, Heying.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Kornmann.
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Drew Bange

Address, 111 Cross St.

Remarks,

8930000961

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 20 93
4. *Place of Birth, (Street and Number)* 622 E. Madison
5. *Full Name of Mother,* Ella Carroll
6. *Mother's Maiden Name,* " Henry
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Alfred C. Carroll
9. *Father's Occupation* Tanner
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Mitchell

Address, 912 McDonogh St

Remarks,

8930000962

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-5-52

RETURN OF A BIRTH. A 45998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jennie Weisberger

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, February 20th 1893
4. Place of Birth, (Street and Number) 1210 Orleans St.
5. Full Name of Mother, Bertha Weisberger
6. Mother's Maiden Name, " Fishlovitz
7. Mother's Birthplace, Europe Austro-Hungary
8. Full Name of Father, Ignatz Weisberger
9. Father's Occupation, Tailor
10. Father's Birthplace, Austro-Hungary

Name of Medical Attendant, or other person who makes this Return. J. H. Mutnick, M.D.

Address, 406 N. Exeter St.

Remarks,

8930000963

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...been correctly stated, the full name and occupation of the parents, the color and race of each, and the number of the child of the mother, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 45499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex, (state whether male or female)	Female
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	Feb. 20th " 1893
4. Place of Birth, (Street and Number)	622 N. Lombard St.
5. Full Name of Mother,	Carrie Sluge
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Md.
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	J. M. Lyon M.D.
Address,	622 N. Lombard St.
Remarks,	

8930000964

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately on the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, the duty of the person above required, and

E. G. GUARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 20 1893
4. Place of Birth, (Street and Number) 616 Chappel St.
5. Full Name of Mother, Emma Hartman
6. Mother's Maiden Name, Haupt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Hartman
9. Father's Occupation, Fish Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8930000965

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 116001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 21 February 1893
4. *Place of Birth, (Street and Number)* 1323 Whetcoal
5. *Full Name of Mother,* Elizabeth Bruce
6. *Mother's Maiden Name,* Elizabeth Thompson
7. *Mother's Birthplace,* Howard Co. Md
8. *Full Name of Father,* Charles H Bruce
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Balto Co. Md

Name of Medical Attendant, or other person who makes this Return. Maria Comer

Address, 1332 Whetcoal-Lot

Remarks,

6 9 3 0 0 0 0 0 9 6 6

Pub. J. S. GALANTY & CO., CITY PRINTERS AND STATIONERS.

Months, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 11600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 21st 1917
4. *Place of Birth, (Street and Number)*	1405 Eutaw St
5. *Full Name of Mother,*	Helen Hepperle
6. *Mother's Maiden Name,*	Helen Wertheimer
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Louis Hepperle
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	H. Goodman
Address,	100 Cathedral St
Remarks,	

8930000967

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46003.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian M. ~~Doerr~~ Doerr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 24th Feb 1895
4. Place of Birth, (Street and Number) 1443 Henry St
5. Full Name of Mother, Barbara ~~(Doerr)~~ Doerr
6. Mother's Maiden Name, " Entschmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad ~~(Doerr)~~ Doerr
9. Father's Occupation Basket Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Elizabeth Jewett

Address, 436 E Fort Ave

Remarks,

8930000968

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White Race.

3. Date of Birth, February 24 1893.

4. Place of Birth, (Street and Number) Hughes Street 23 Baltimore

5. Full Name of Mother, Minnie Bearman

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Benjamin Bearman.

9. Father's Occupation Cigar Maker.

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Lena Barker.

Address, 466 E. York St Baltimore

Remarks,

8930000969

The sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 116000.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 21
4. Place of Birth, (Street and Number) 300 E Lexington at Baltimore
5. Full Name of Mother, Rosetta Mccauley
6. Mother's Maiden Name, Mosley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Mccauley
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore County MD

Name of Medical Attendant, or other person who makes this Return, Martha E King

Address, Victory Nr Baltimore MD

Remarks,

8930000970

Wm J C. Dulany Co., City Printers and Stationers.

Any neglect or refusal, any agent by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 116006.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 21 93
4. *Place of Birth, (Street and Number)* 600 Millenian
5. *Full Name of Mother,* Emma Thiele
6. *Mother's Maiden Name,* Ellicott
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John H. Thiele
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Williams

Address, 912 Mc Donogh

Remarks,

8930000971

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46007.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) three. 1893.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) colored.
3. Date of Birth, February the 21.
4. Place of Birth, (Street and Number) Walbrook st. 1379.
5. Full Name of Mother, Barbara Barnette.
6. Mother's Maiden Name, Barbara Lewsinda Bland.
7. Mother's Birthplace, Warrenton Virginia
8. Full Name of Father, Joshua James Eldridge Barnette
9. Father's Occupation, Laborer
10. Father's Birthplace, Calvert County Md.

Name of Medical Attendant, or other person who makes this Return. Maria J. Jones.

Address, 1337 Walbrook st

Remarks, none.

8930000972

MD. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th,

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, February 21st,
4. Place of Birth, (Street and Number) No. 525 S. Paca St,
5. Full Name of Mother, Lucy E. Shettle,
6. Mother's Maiden Name, Edmonds,
7. Mother's Birthplace, Virginia,
8. Full Name of Father, Hunter Shettle
9. Father's Occupation, Fireman B.C.F.D.,
10. Father's Birthplace, Balto. City,

Name of Medical Attendant, or other person who makes this Return, Dr. H. R. Biedler M.D.

Address, No. 721 Columbia Ave,

Remarks,

8930000973

Every birth occurring within the city shall be reported to the Commissioner of Health within three days thereafter, in the form of a certificate signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	22nd February 1893
4.	*Place of Birth, (Street and Number)*	2030. Jefferson St
5.	*Full Name of Mother,*	Mary Elizabeth Walker
6.	*Mother's Maiden Name,*	Mary Elizabeth Claythorne
7.	*Mother's Birthplace,*	Virginia
8.	*Full Name of Father,*	Joseph Walker
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Washington D.C.
	Name of Medical Attendant, or other person who makes this Return,	Hollis C. Claythorne
	Address,	2030. Jefferson St
	Remarks,	

8930000974

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 46010.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22nd Feb 1893
4. *Place of Birth, (Street and Number)*	Balto City 1171 Bowers St
5. *Full Name of Mother,*	Elizabeth Mary Doody
6. *Mother's Maiden Name,*	" " Scanlon
7. *Mother's Birthplace,*	Balto city Md
8. *Full Name of Father,*	Thos. Joseph. Doody
9. *Father's Occupation*	Horseshoer
10. *Father's Birthplace,*	Balto. Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Wm Bange
Address,	Hubner & H.
Remarks,	

8930000975

W. M. ; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 22-93

4. Place of Birth, (Street and Number) 1805 E Fayette

5. Full Name of Mother, Catherine Schultz

6. Mother's Maiden Name, " Falls (Falk)

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry F Schultz

9. Father's Occupation Steamfitter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Allwell

Address, 912 McDonough St

Remarks,

8 9 3 0 0 0 0 9 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That the name and occupation of the parents, the date and place of birth; and the sex and color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46017.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* mail
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 22 1892
4. *Place of Birth, (Street and Number)* Dinkel ave 1619
5. *Full Name of Mother,* Fannie Johnson
6. *Mother's Maiden Name,* Dennis Grace
7. *Mother's Birthplace,* undesirable County
8. *Full Name of Father,* Philip Johnson Jr
9. *Father's Occupation,* worked on coal yard
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return. Maria Davis

Address, 1937 Wetherell ave

Remarks,

8 9 3 0 0 0 0 9 7 7

The Physician, Midwife or other person in attendance upon the birth of any child shall, within ten days after the birth, report to the Commissioner of Health the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 46013.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 22 1893.
4. Place of Birth, (Street and Number) 2003 Eastern av.
5. Full Name of Mother, Maria Smith
6. Mother's Maiden Name, Maria Leman
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Smith
9. Father's Occupation, Horseshoer
10. Father's Birthplace, Baltimore M D.

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 1913 Eastern av.

Remarks,

8 9 3 0 0 0 0 9 7 8

GEO. J. O. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4/6014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 23 1893
4. Place of Birth, (Street and Number) 1422 Bank St.
5. Full Name of Mother, Katharina Ackerman
6. Mother's Maiden Name, Schaumloefel
7. Mother's Birthplace, Germany
8. Full Name of Father, Hermad Ackerman
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Oraft St.

Remarks, 8 9 3 0 0 0 0 9 7 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 41005

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) X
2. Race or Color, (if not of the white race)
3. Date of Birth, July 23, 93
4. Place of Birth, (Street and Number) 1826 McCulloh
5. Full Name of Mother, Virginia Whiteomb
6. Mother's Maiden Name, " Cammack
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, J. A. Whiteomb
9. Father's Occupation, Dairy Lunch
10. Father's Birthplace, Vermont

Name of Medical Attendant, or other person who makes this Return. A. M. Hundley

Address, 1002 Edmondson Ave

Remarks,

18930000980

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

ORG J. D. SULLIVAN CO CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 10-24-50

RETURN OF A BIRTH. A 46016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Louisa Mooney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23d Feby
4. *Place of Birth, (Street and Number)*	304 E. Hamburg Mews
5. *Full Name of Mother,*	Sarah Jane Kenny.
6. *Mother's Maiden Name,*	Sarah Jane ~~Hoart~~ Stuart
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Samuel P Kenny
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Jesse Bargo
Address,	14 Eden St.
Remarks,	

893000009811

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4607

GIVEN NAME ADDED 8-7-56 [redacted]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elsa Augusta Kuffer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 23 Feb:
4. Place of Birth, (Street and Number) 1020 Russell Str.
5. Full Name of Mother, Margarethe Kuffer:
6. Mother's Maiden Name, Jonathan Kilgus
7. Mother's Birthplace, Germania
8. Full Name of Father, John Kuffer:
9. Father's Occupation Cabinetmaker:
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Wm Berge

Address, 1111 Lem St

Remarks,

893000000982

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46018.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* February 8th Baltimore
4. *Place of Birth, (Street and Number)* Baltimore 1617 Aisquith
5. *Full Name of Mother.* Mary Kelly
6. *Mother's Maiden Name.* Mary Kirwin
7. *Mother's Birthplace.* Scotland
8. *Full Name of Father.* Peter Kelly
9. *Father's Occupation* Engineer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr G Hitchcock

Address. No 216 Parkin St

Remarks. 8930000983

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A-4019

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, Feb 23 - 93

4. Place of Birth, (Street and Number) ~~431 Light~~ 125 Wilkes St

5. Full Name of Mother Margaret Blanton Connelly

6. Mother's Maiden Name,

7. Mother's Birthplace, US

8. Full Name of Father, Wm Bruton

9. Father's Occupation, Carpenter

10. Father's Birthplace US

Name of Medical Attendant, or other Person who makes this Return Geo L Straus MD

Address, 9 E. Montgomery St

Remarks,

1893000009884

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 46030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 23rd Feb 1893
4. Place of Birth, (Street and Number) 1121 Carrington St
5. Full Name of Mother, Elizabeth Thomas
6. Mother's Maiden Name, " Wright
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Thomas
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Elizabeth Yewell

Address, 436 E. Fort Ave

Remarks,

8 9 3 0 0 0 0 9 8 5

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46031.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 24 th 1893
4. *Place of Birth, (Street and Number)*	1907 W. Lexington St.
5. *Full Name of Mother,*	Minnie Callahan
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore, Md
8. *Full Name of Father,*	Francis Callahan
9. *Father's Occupation,*	Irish Dealer
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return,	Jos. C. Wenderoth M.D.
Address,	1935 W. Fayette St.
Remarks,	L. C. G. H.

8930000986

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 46077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	24th of February
4. Place of Birth, (Street and Number)	24. Forest St.
5. Full Name of Mother,	Lotte Nipple
6. Mother's Maiden Name,	Lotte Dietzel
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Jacob F. Nipple
9. Father's Occupation	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 West Pratt
Remarks,	

B 9 3 0 0 0 0 0 9 8 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 46073

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 24th Feb 1893
4. Place of Birth, (Street and Number) 1411 Baltimore
5. Full Name of Mother, Catherine Ward
6. Mother's Maiden Name, " Clinton
7. Mother's Birthplace, Balto
8. Full Name of Father, John J. Ward
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 436 E. Fort Ave

Remarks, 8930000988

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

46024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 24 1893
4. Place of Birth, (Street and Number) 409 S. Eden St.
5. Full Name of Mother, Sara Carr
6. Mother's Maiden Name, Canty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Carr
9. Father's Occupation Engineer
10. Father's Birthplace, ~~Baltimore~~ New Jersey

Name of Medical Attendant or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8930000989

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

46070.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six C

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 February 1893
4. Place of Birth, (Street and Number) Baltimore Curley St 918
5. Full Name of Mother, Hannah Olson
6. Mother's Maiden Name, Hannah Johnson
7. Mother's Birthplace, Sweden
8. Full Name of Father, Charles Olson
9. Father's Occupation, Ship boater
10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return, Wm H. Siersemann

Address, 1925 Hare street.

Remarks, 8930000990

Wm. J. C. Dulany Co., City Printers and Stationers.

Each child born, its sex, color, the full name and occupation of its parents, the date and place of birth; and the name entered in the schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, said child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 24-
4. *Place of Birth, (Street and Number)*	21 W Lost St
5. *Full Name of Mother,*	Mary Clayton
6. *Mother's Maiden Name,*	" Jones
7. *Mother's Birthplace,*	St Mary's County-
8. *Full Name of Father,*	Alfred Clayton
9. *Father's Occupation,*	Marine
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	J C Benson MD
Address,	511 Hanover St
Remarks,	

8930000991

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 24, 1893
4. *Place of Birth, (Street and Number)*	Balt. No 1520 N. Bethel St
5. *Full Name of Mother,*	Mrs Johanna Arnold
6. *Mother's Maiden Name,*	Mrs " Schnaepel
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	Mrs Charles Arnold
9. *Father's Occupation*	Seafaring man
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return,	Mrs. Josa Krueger
Address,	No 2026 E. Fayette St. Balt. Md.
Remarks,	

8 9 3 0 0 0 0 9 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Female
1. *Sex, (state whether male or female)*	White
2. *Race or Color, (if not of the white race)*	Feb. 25 1893
3. *Date of Birth,*	Florence St. 2667 Clifton
4. *Place of Birth, (Street and Number)*	Gertrud Valkemer
5. *Full Name of Mother,*	Gertrud Ock
6. *Mother's Maiden Name,*	Germany Byren
7. *Mother's Birthplace,*	Frank Valkemer
8. *Full Name of Father,*	Butcher
9. *Father's Occupation*	Germany Byren
10. *Father's Birthplace,*	Mrs. C. Valkemer
Name of Medical Attendant, or other person who makes this Return,	2859 Fulton Ave. ext. Cf
Address,	
Remarks,	

6930000993

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 25 1893.
4. Place of Birth, (Street and Number) 426 Chapel St
5. Full Name of Mother, Katrina Matteson
6. Mother's Maiden Name, Katrina Butts
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, Frank Matteson
9. Father's Occupation, Mariner
10. Father's Birthplace, Baltimore M. D

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 1913 Eastern av

Remarks,

8 9 3 0 0 0 0 0 9 9 4

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 46030.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25th Feb 1895
4. *Place of Birth, (Street and Number)* 719 E. Fort Ave
5. *Full Name of Mother,* Annie Kerr
6. *Mother's Maiden Name,* " Hynes
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father,* John Kerr
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Elizabeth Jewell

Address, 1136 E. Fort Ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8930000995

RETURN OF A BIRTH. A 46031.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 1st 16 Feb 1893

4. Place of Birth, (Street and Number) Cor East Ave & College St

5. Full Name of Mother, Cristiana Grundes

6. Mother's Maiden Name, "

7. Mother's Birthplace, Hungary Bradley

8. Full Name of Father, William J Grundes

9. Father's Occupation Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Elizabeth Gould

Address, 1136 E Fort Ave

Remarks,

8 9 3 0 0 0 0 9 9 6

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

E 46037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 25th 1893
4. Place of Birth, (Street and Number) #41 N. Washington St
5. Full Name of Mother, Sadie Layfield
6. Mother's Maiden Name, Sadie Lloyd
7. Mother's Birthplace, Phila Pa.
8. Full Name of Father, Henry A. Layfield
9. Father's Occupation, Builder
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr. A. Jarrett M.D.

Address, #1025 N. Caroline St

Remarks,

8930000997

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 46033.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 25, 28
4. *Place of Birth, (Street and Number)* 416 Wilkens Ave
5. *Full Name of Mother,* Lucie Cook
6. *Mother's Maiden Name,* Dugan
7. *Mother's Birthplace,* Balto, Md
8. *Full Name of Father,* James E Cook
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Carolyn Fuller

Address, 1615 Walbrook

Remarks,

8930000998

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 1600 34

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby. 25. 1893.
4. *Place of Birth, (Street and Number)*	1025 Madison Ave.
5. *Full Name of Mother,*	Mary Allen Clarke
6. *Mother's Maiden Name,*	" Keeney
7. *Mother's Birthplace,*	Phila Pennsylvania
8. *Full Name of Father,*	James B. Clarke
9. *Father's Occupation,*	Physician
10. *Father's Birthplace,*	Huntington Pa
Name of Medical Attendant, (or other Person who makes this Return)	Alfred Warstall M.D.
Address,	809 Cathedral St.
Remarks,	

8 9 3 0 0 0 0 9 9 9

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. A 116035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 of November Eleven
4. *Place of Birth, (Street and Number)*	414 Pulaski St.
5. *Full Name of Mother,*	Regina Schäfer
6. *Mother's Maiden Name,*	Regina Leidig
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Carle Schäfer
9. *Father's Occupation*	Bäker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Kenler Midwife
Address,	216 West Pratt
Remarks,	

8930001000

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14636.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	25 day of Febuary
4. *Place of Birth, (Street and Number)*	Balto Stockholm st 322
5. *Full Name of Mother,*	Mrs. Clara M. Bunn
6. *Mother's Maiden Name,*	" " " Higdon
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	William H. Bunn
9. *Father's Occupation*	Glass blower
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Bunge
Address,	14 Lemon St.
Remarks,	

8930001001

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 46037.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 children

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) colored race.
3. Date of Birth, 25 of February
4. Place of Birth, (Street and Number) 748 Chestnut alley.
5. Full Name of Mother, Martha A Bell.
6. Mother's Maiden Name, Martha A Bowzer.
7. Mother's Birthplace, Chestertow md.
8. Full Name of Father, George W. Bell.
9. Father's Occupation, Laborer
10. Father's Birthplace, Westminster md.

Name of Medical Attendant, or other person who makes this Return. Maryann Mason.

Address, 637 Walnut alley

Remarks,

8930001002

GEO. W. G. BULLARY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. E 46038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 25 95

4. Place of Birth, (Street and Number) 911 Mc Fenwick

5. Full Name of Mother, Mary Lang

6. Mother's Maiden Name, Swartzentruber

7. Mother's Birthplace, Germany

8. Full Name of Father, Christian Lang

9. Father's Occupation Cabinet

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 625 Hartford St

Remarks,

8930001003

Wm. J. C. Dulany Co., City Printers and Stationers

the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46039.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 23-th 1893.
4. Place of Birth, (Street and Number) 241 S. Register st
5. Full Name of Mother, Sarah Mäivers
6. Mother's Maiden Name, Sarah Kelley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Andrew Mäivers
9. Father's Occupation Iron Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Hannah [illegible]

Address, 923 N Paca [illegible]

Remarks, 8930001004

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

46040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd "
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored.
3. *Date of Birth,*	Feb. 26th 1893.
4. *Place of Birth, (Street and Number)*	1707 Cairo St.
5. *Full Name of Mother,*	Rebecca Scott.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	J. M. Lawson M D
Address,	627 N. Lombard St.
Remarks,	

8930001005

G. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 1604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 26 93
4. *Place of Birth, (Street and Number)*	635 Central Ave
5. *Full Name of Mother,*	Minna Grieb
6. *Mother's Maiden Name,*	" Barlage
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Joseph Grieb
9. *Father's Occupation,*	Pressman
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson
Address,	736 E. Preston St
Remarks,	

8 9 3 0 0 0 1 0 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 26 - 99
4. Place of Birth, (Street and Number) 2005 Walbrook Ave.
5. Full Name of Mother, Mary Shaw
6. Mother's Maiden Name, Mary Carsinger
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Shaw
9. Father's Occupation, Machinist
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. L. F. Frey.

Address, 2414 Druid Hill Ave.

Remarks, L. D. F. Frey.

8930001007

Wm J C. Dulany Co., City Printers and Stationers.

Any person who shall neglect, refuse or wilfully omit to make a return of a birth to the Registrar in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 46043.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 th
4. Place of Birth, (Street and Number) 614 Hamburg St
5. Full Name of Mother, Emma Norfolk
6. Mother's Maiden Name, Norfolk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, A. J. Smith
9. Father's Occupation Yard Master
10. Father's Birthplace, Calvert Co. Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 Cross St.

Remarks,

8930001008

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 46044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 26/93
4. *Place of Birth, (Street and Number)*	57/0 Otterbein St
5. *Full Name of Mother,*	Kate Reuter
6. *Mother's Maiden Name,*	" Karl
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry Reuter
9. *Father's Occupation*	Box Maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm. Barnes
Address,	14 Lee Street
Remarks,	

8930001009

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb. 26/93.
4. *Place of Birth, (Street and Number)*	515 Register St.
5. *Full Name of Mother,*	Delia Blair
6. *Mother's Maiden Name,*	Coelins
7. *Mother's Birthplace,*	Ireland.
8. *Full Name of Father,*	Frederick Blair
9. *Father's Occupation*	Laboring Saw Mill.
10. *Father's Birthplace,*	England.
Name of Medical Attendant, or other person who makes this Return,	Mrs Emma Turst
Address,	19 N. Eden St.
Remarks,	

8930001010

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 5. Be it further enacted, That the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

16045.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 4th 1893
4. *Place of Birth, (Street and Number)*	No 1517 Ramsey St
5. *Full Name of Mother,*	Sary A dean
6. *Mother's Maiden Name,*	Sary A meekins
7. *Mother's Birthplace,*	Kent Co Md
8. *Full Name of Father,*	William Henry dean
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 1922 Wilkins Ave
Remarks,	

8930001011

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 11604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V 5th

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White.
3. Date of Birth, Feb. 26th 1893.
4. Place of Birth, (Street and Number) 622 N. Lombard st.
5. Full Name of Mother, Lena Hoffman
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L L Eby M. D.

Address, 622 N. Lombard st.

Remarks,

8930001012

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. HANAY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 46048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 27th 1893
4. Place of Birth, (Street and Number) #3007 Hudson st
5. Full Name of Mother, Veronica Louise Kohler
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto
8. Full Name of Father, H. Mc G. Jones
9. Father's Occupation, Lawyer
10. Father's Birthplace, Great Britain

Name of Medical Attendant, or other person who makes this Return. H. H. Schwatka M.D.

Address, #2429 Lancaster st

Remarks,

1893000 1013

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the house of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 46049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Living

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 27
4. *Place of Birth, (Street and Number)* Canton ave 1605
5. *Full Name of Mother,* Rosina Yeager
6. *Mother's Maiden Name,* Rosina Vogel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Yeager
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Schuman

Address, 409 South Bond street

Remarks, 8930001014

and scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

46a50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February the 27 1893
4. *Place of Birth, (Street and Number)*	1 Fulton Ave No 310
5. *Full Name of Mother,*	Emma J Paul
6. *Mother's Maiden Name,*	Emma J Counihan
7. *Mother's Birthplace,*	Baltimore E O Md
8. *Full Name of Father,*	Eugene K Paul
9. *Father's Occupation*	Tinner
10. *Father's Birthplace,*	Worcester E O Md
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	No 1922 Wilkins Ave
Remarks,	

8930001015

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46007.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th Feb 1893
4. *Place of Birth, (Street and Number)*	Balt. Fell St. 1205
5. *Full Name of Mother,*	Catherine Sheppard
6. *Mother's Maiden Name,*	LaMaine Linnet
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Sheppard
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Miss Barnes
Address,	711 Aisquith Street Balto Md.
Remarks,	

8930001016

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 1600 7.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 7
4. Place of Birth, (Street and Number) 804 Calverton road
5. Full Name of Mother, Eugene Talbert Tindall
6. Mother's Maiden Name, E J Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Grant Tindall
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M J Peregoy

Address, 2847 Lanvale St

Remarks, Twins 6 months and 2 weeks

Baptized 10 days

8930001017

GEO. J. O. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 146053.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Feb 27 " 1893
4. *Place of Birth, (Street and Number)*	# 2220 Frederick Ave
5. *Full Name of Mother,*	Mrs Hedena Eyring
6. *Mother's Maiden Name,*	Miss " Neumlof
7. *Mother's Birthplace,*	Saxon Germany
8. *Full Name of Father,*	Gottlieb Eyring
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Saxon Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Heller
Address,	# 2121 W. Pratt Str
Remarks,	

1 8 9 3 0 0 0 1 0 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A-16054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 922 E Fel 27 93
4. *Place of Birth, (Street and Number)* 910 E Biddle St
5. *Full Name of Mother,* Jennie Bausch
6. *Mother's Maiden Name,* Gutzmann
7. *Mother's Birthplace,* Balto, Md.
8. *Full Name of Father,* Hugo Bausch
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caspar Miller

Address, 1605 Walker St.

Remarks,

8930001019

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 46055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 27
4. *Place of Birth, (Street and Number)* E. Eutaw 152
5. *Full Name of Mother,* Sabrina Rose
6. *Mother's Maiden Name,* Berach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* [illegible] Lee
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Kate [illegible]

Address, 802 Leadenhall Street

Remarks,

8930001020

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines paid forfeitures are recoverable.

RETURN OF A BIRTH. A 176066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* February 28 1899
4. *Place of Birth, (Street and Number)* 533 Fallsway Baltimore Md
5. *Full Name of Mother,* Della A Doffel
6. *Mother's Maiden Name,* Gorsuch
7. *Mother's Birthplace,* Harford County
8. *Full Name of Father,* Edward H Doffel
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other person who makes this Return, Martha E King

Address, 545 Hollins St at Hampden Baltimore Md

Remarks,

8930001021

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 16057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 St.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby. 28/92
4. *Place of Birth, (Street and Number)*	1226 Eden St.
5. *Full Name of Mother,*	Elizabeth Barrett
6. *Mother's Maiden Name,*	" Stokes
7. *Mother's Birthplace,*	D. C.
8. *Full Name of Father,*	Wm. R. Barrett
9. *Father's Occupation,*	Telegraph Operator
10. *Father's Birthplace,*	Washington D. C.
Name of Medical Attendant, or other person who makes this Return.	Geo. L. Wilkins
Address,	226 S. Broadway.
Remarks,	

1893000 1022

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 46038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb. 21/93.
4. *Place of Birth, (Street and Number)*	160 Gough St.
5. *Full Name of Mother,*	Wally Bisso
6. *Mother's Maiden Name,*	Isbey
7. *Mother's Birthplace,*	U.S. of America
8. *Full Name of Father,*	Jacob Bisso
9. *Father's Occupation*	Trader
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return,	Mrs. Jennie Farrell
Address,	19 N. Eden St.
Remarks,	

1893000 1023

Wm. J. C. Dulany Co., City Printers and Stationers.

The name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-27-57

RETURN OF A BIRTH

A 116059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Josephine Elizabeth Barnes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored.
3. Date of Birth, Feb. 28th 1893.
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Mary Barnes
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. L. Eley M. D.

Address, 622 N. Lombard St.

Remarks,

1893 0001024

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

G. BULLY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 160160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Amy Ruth Stubbs

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feby 28th 1893
4.	*Place of Birth, (Street and Number)*	# 1125 N. Carrollton av.
5.	*Full Name of Mother,*	Mary E. Stubbs
6.	*Mother's Maiden Name,*	Smith
7.	*Mother's Birthplace,*	Va.
8.	*Full Name of Father,*	Edward B. Stubbs
9.	*Father's Occupation,*	Comm'n Merchant
10.	*Father's Birthplace,*	Va.
	Name of Medical Attendant, or other person who makes this Return,	R. C. Lee
	Address,	Hanover St. Ca Barre
	Remarks,	

8930001025

PRO. J. D. EULANY CO CITY PRINTERS AND STATIONERS

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A 46661.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 28th Feb 1893
4. *Place of Birth, (Street and Number)* 643 Fortlan Pl
5. *Full Name of Mother,* Stanley Hendricks
6. *Mother's Maiden Name,* - - Bliler
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Paul E. Hendricks
9. *Father's Occupation,* Insurance agent
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, J. M. A. Tedley

Address, 1004 West Lexington St.

Remarks,

8930001026

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 46067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 28 - 1893
4. Place of Birth, (Street and Number) 1005 N. McDonough
5. Full Name of Mother, Margaret E Yeager
6. Mother's Maiden Name, " " Stallman
7. Mother's Birthplace, Scotland
8. Full Name of Father, Frank B Yeager
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Rhoden Carter M.D.

Address, 914 N. Charles st.

Remarks,

1893000 1027

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A-146063.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Feb 24 1893
4. Place of Birth, (Street and Number) 831 Harmony Lane
5. Full Name of Mother, Susan Pitts
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. McLawson M.D.

Address,

Remarks,

8930001028

G. BLANEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 16064.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 1st 1893
4. Place of Birth, (Street and Number) 36 Belair Ave.
5. Full Name of Mother, Mary Dellinger
6. Mother's Maiden Name, Bentzel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Dellinger
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 1720 N. Collington Ave.

Remarks, none

8930001029

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46065.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
   Name John M. Preller
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr 2d 93
4. Place of Birth, (Street and Number) 26 S. Duncan Alley
5. Full Name of Mother, Mary Annie Preller
6. Mother's Maiden Name, " - Dorn
7. Mother's Birthplace, Germany
8. Full Name of Father, John Geo. Preller
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Heidenhofer

Address, 1806 Eastern Ave

Remarks,

| 8 9 3 0 0 0 | 0 3 0

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 46066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 Feb
4. Place of Birth, (Street and Number) 524 N Caroline st
5. Full Name of Mother, Annie Keyser
6. Mother's Maiden Name, " Molyenkoing
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo Keyser
9. Father's Occupation Saloon
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Uhlig

Address, 1302 E. Preston st

Remarks,

8 9 3 0 0 0 1 0 3 1

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 16067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 3, 1893.
4. Place of Birth, (Street and Number) 1124 Druid Hill Ave
5. Full Name of Mother, Elizabeth Leitch
6. Mother's Maiden Name, Keech
7. Mother's Birthplace, Md.
8. Full Name of Father, John T. Leitch
9. Father's Occupation R. R. employee
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G Lane Taneyhill

Address, 1103 Madison Avenue

Remarks,

8930001032

Wm. J. C. Dulany Co., City Printers and Stationers

Every case of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife, if any, in attendance, shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth occurs. Every midwife, physician or other person who shall be in attendance upon any case of birth shall, within ten days after the birth occurs, report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or if the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

H. H. CARTER, M. D.
1800 W. BALTIMORE ST.

RETURN OF A BIRTH. 11606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Henry ~~H Haetler~~ 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 4 1893
4. Place of Birth, (Street and Number) 1601 N Fremont St.
5. Full Name of Mother, (Anna Hilda) Haetler
6. Mother's Maiden Name, (Smith) Schmidt
7. Mother's Birthplace, Baltimore Germany
8. Full Name of Father, (August Hilda) Haetler
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M H Carter

Address, 1800 W. Balto. St.

Remarks,

8930001033

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3rd Feb
4. Place of Birth, (Street and Number) 516 E. Baird St
5. Full Name of Mother, Mary Sondheimer
6. Mother's Maiden Name, Mary Levy
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Isaac Sondheimer
9. Father's Occupation, Roomafer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. S. Brickmeister

Address, 516 E. Baird.

Remarks,

8930001034

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th February 1898
4. Place of Birth, (Street and Number) 20 Hanover St.
5. Full Name of Mother, Dena Freedenberg
6. Mother's Maiden Name, Slavitzky
7. Mother's Birthplace, Russia
8. Full Name of Father, Philip Freedenberg
9. Father's Occupation Store keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St.

Remarks,

8930001035

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46071

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 5th 93
4. Place of Birth, (Street and Number) 2044 Gough str.
5. Full Name of Mother, Annie Moore
6. Mother's Maiden Name, " Miles
7. Mother's Birthplace, Balto.
8. Full Name of Father, Robert S. Moore
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Wm. Diebenhofer

Address, 1806 Eastern Ave

Remarks,

8 9 3 0 0 0 1 0 3 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 5th 98
4. Place of Birth, (Street and Number) 1221 Jefferson str.
5. Full Name of Mother, Annie Grapp
6. Mother's Maiden Name, Popp
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. Grapp
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Hys. Driesenhofer

Address, 1806 Eastern Ave

Remarks.

8930001037

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, Commissioner of Health, in the matter of the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

1/60 75

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Feb. 5 1893
4. Place of Birth, (Street and Number)	807 S. Ann St.
5. Full Name of Mother,	Kate Gross
6. Mother's Maiden Name,	Brown
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jacob Gross
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return	Mary Stein
Address,	1427 E Pratt St.
Remarks,	

8930009 1036

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, etc., shall enter the same in a book to be kept for that purpose, which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 116074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Febr. 6/93.
4. *Place of Birth, (Street and Number)*	1810 E. Fayette str.
5. *Full Name of Mother,*	Carry Foll
6. *Mother's Maiden Name,*	Frank
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Chas. Foll
9. *Father's Occupation*	Police Officer
10. *Father's Birthplace.*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Debenhoffer
Address.	1826 Eastern Ave.
Remarks.	

8930001039

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

4600 S.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	VII
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Febr. 7/93.
4. Place of Birth, (Street and Number)	2167 Bank str.
5. Full Name of Mother,	Kathie Mueller
6. Mother's Maiden Name,	Miller
7. Mother's Birthplace,	" Balto.
8. Full Name of Father,	Louis Mueller
9. Father's Occupation	Rammacker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Deibenhofer
Address,	1116 Eastern Ave
Remarks,	

8930001040

Health. This schedule shall contain a list of the births which have occurred in the family or house to which it is delivered since the last day of the month next preceding, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child of such third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 7
4. Place of Birth, (Street and Number) 817 Bloomsdale avd
5. Full Name of Mother, Mary Sophia Tice
6. Mother's Maiden Name, Mary E Dare
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Lewis Henry Tice
9. Father's Occupation, Mariner
10. Father's Birthplace, Wedensville

Name of Medical Attendant, or other person who makes this Return, Mary I Teage

Address, 2847 Fairmount ave

Remarks, Child weighing 7 pounds a natural Birth 3 days after the Birth The Following

registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

0 4 3 0 0 0 1 0 4 1

RETURN OF A BIRTH. A46077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in the family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 8/93.
4. Place of Birth, (Street and Number) 249 S. Washington st.
5. Full Name of Mother, Sophie Weiskittel
6. Mother's Maiden Name, " Walter
7. Mother's Birthplace, Balto
8. Full Name of Father, William Weiskittel
9. Father's Occupation Merchant
10. Father's Birthplace, San Francisco. (Cal.)

Name of Medical Attendant, or other person who makes this Return, Mrs. Derdenhofer

Address, 1893 N. E. Eastern Ave.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 46078.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) black
3. Date of Birth, Feb 8th 1893
4. Place of Birth, (Street and Number) 1030 McCulloh St
5. Full Name of Mother, Carrie Thompson
6. Mother's Maiden Name, " "
7. Mother's Birthplace,
8. Full Name of Father, not known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. F. B. Marden M.D.

Address, Good Samaritan Hospital

Remarks, Mother all right. Child born well right but very rachitic died 9 months later

B 6 9 3 0 0 0 1 0 4 3

Health. This schedule shall contain a record of the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Isabelle Rose ~~Hubbard~~ 5th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	9. Feb 1893
4. Place of Birth, (Street and Number)	339. Willow St
5. Full Name of Mother,	Mary Hubbard
6. Mother's Maiden Name,	Mary Pindell
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Samuel Hubbard
9. Father's Occupation,	Tuning
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs. S. Bink midwife
Address,	N 506 E. High St
Remarks,	GIVEN NAME ADDED. 10-19-53 L.M.

8930001044

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

16080.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	VIII
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Febr. 10 1893.
4. Place of Birth, (Street and Number)	2217 E. Balto. str.
5. Full Name of Mother,	Elisabeth Schoenlein
6. Mother's Maiden Name,	Oldenwurtel
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Lawrence Schoenlein
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm. Deisenhofer
Address,	1826 Eastern Ave
Remarks,	

1 8 9 3 0 0 0 1 0 4 5

Health. The attending shall contain a list of the names of each child, if any, and the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-25-55

RETURN OF A BIRTH.

46081.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Rath ~~Leipp~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 10th 1893
4. Place of Birth, (Street and Number) 525 N. Madison St
5. Full Name of Mother, Caroline Leipp
6. Mother's Maiden Name, Ackerhauer
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, John F. Rath
9. Father's Occupation Grocer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. H. Goldsborough M.D.

Address, 1501 E. Eager St

Remarks, DATE REC - FEB. 27 - 1893

1893 0001046

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 46087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feby 10th 1893.

4. Place of Birth, (Street and Number) 4 Perkins St

5. Full Name of Mother, Louisa Feld

6. Mother's Maiden Name, Herr

7. Mother's Birthplace, Germany

8. Full Name of Father, Dietor Feld

9. Father's Occupation Saloonman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. H. Leibert M.D.

Address, 150 E Eager St

Remarks,

8930001047

Wm. J. C. Dulany Co., City Printers and Stationers

register of each birth, and shall enter the same on blank certificates to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 4-30-64

RETURN OF A BIRTH.

46053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Abe M. KRAMER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 February 1893
4. *Place of Birth, (Street and Number)* 208 N. Edau St.
5. *Full Name of Mother,* Bessie L. Kramer
6. *Mother's Maiden Name,* Kramer
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Henry Kramer
9. *Father's Occupation* Paint Manufactory
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Schumann

Address, 42 Albemarle St.

Remarks,

8930001048

register of births, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

46084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 10th 1893
4. *Place of Birth, (Street and Number)* 507 N Washington St
5. *Full Name of Mother,* Catherine Stobbe
6. *Mother's Maiden Name,* Simpson
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Stobbe
9. *Father's Occupation* Hostler
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, J A Schnaut M.D.

Address, 1501 E Lager St

Remarks,

8930001049

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 46085.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 4th 893.
4. *Place of Birth, (Street and Number)* 222 N. Eden St
5. *Full Name of Mother,* Maria Rebecca
6. *Mother's Maiden Name,* Staiger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Ernest
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, D. A. Schultz M.D

Address, 150 S Broad St

Remarks,

1893 0001050

Health. This schedule shall contain a list of the births which have occurred under its charge during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

M. H. CARTER, M. D.
1800 W. BALTIMORE ST.

RETURN OF A BIRTH.

A 46080.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 11th 1893
4. Place of Birth, (Street and Number) 1829 McPhail St.
5. Full Name of Mother, Julia Stauffer
6. Mother's Maiden Name, Glinder
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Stauffer
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. H. Carter M.D.

Address, 1800 W. Balto St.

Remarks,

8930001051

Health. This schedule shall contain a list of the births which have occurred in each family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births occurring in each month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 12/93.
4. Place of Birth, (Street and Number) 104 S Wolf str.
5. Full Name of Mother, Margaretha Anft
6. Mother's Maiden Name, " Pucker
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Anft
9. Father's Occupation Laberer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dorsenhofer

Address, 1816 Eastern Ave.

Remarks,

1 8 9 3 0 0 0 1 0 5 2

Wm. J. C. Dulany Co., City Printers and Stationers

M. R. GARTER, M. D.
1800 W. BALTIMORE ST.

RETURN OF A BIRTH.

46088.

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Feb 12 1893
4. *Place of Birth, (Street and Number)*	2106 N. Fayette St.
5. *Full Name of Mother,*	Mary Atkinson
6. *Mother's Maiden Name,*	Thompson
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm Atkinson
9. *Father's Occupation*	Policeman
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	M R Carter M D
Address,	1800 W. Balto St.
Remarks.	1893 0001053

Health. The schedule shall contain a list of the births which have occurred since the last report, the name of each child, if any shall have been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to a physician or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately on the birth thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 176089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 2nd 1893

4. Place of Birth, (Street and Number) 521 N. Washington St

5. Full Name of Mother, Anna Belzhoover

6. Mother's Maiden Name, Bandel

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles Belzhoover

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. H. Feldman M.D.

Address, 1501 E. Eager St.

Remarks,

8930001054

Health. This schedule shall contain a list of the births which have occurred [illegible] each child, if any shall have been conferred; its sex, color, the full name and occupation in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of such third day of each and every month to the office of the Coroner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and shall occur without the attendance of a physician or practitioner and within the period above required, such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollers for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 16090

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under the care of each midwife during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 13 Feb
4. Place of Birth, (Street and Number) 1620 St Joseph
5. Full Name of Mother, Mary Lade Bradel
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto
8. Full Name of Father, Jos. Bode
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Ulbig

Address, 1302 E Lexington St

Remarks,

1893000 1055

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

14691.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth.* 14 Feb.

4. *Place of Birth, (Street and Number)* 809 N. Front St

5. *Full Name of Mother,* Annie Wells

6. *Mother's Maiden Name,* Annie Irvine

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Joseph Wells

9. *Father's occupation* Mariner

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs A. Rose midwife

Address, No. 506 N. Front St.

Remarks,

8 9 3 0 0 0 1 0 5 6

Health. This schedule shall contain a list of the births of the full name of each child, (if any shall have been ascertained the same can be ascertained as far as the occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the full name and occupation in the form of a certificate between the first and said schedule shall be delivered month to the office of the practitioner of midwifery, or the person or parents of such third day of each and every attendance of a physician or practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner, in case the birth of any such child in the manner and within the period above required, and attendance upon the mother, Commissioner of Health, in the manner and within the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-8-60

RETURN OF A BIRTH.

46097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Elerick Willing

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14th 1893
4. Place of Birth, (Street and Number) 508 N. Fremont St
5. Full Name of Mother, Lelly D. Willing
6. Mother's Maiden Name, Lilly D. Dudley
7. Mother's Birthplace, Maryland
8. Full Name of Father, James E Willing
9. Father's Occupation, Physician
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, James E Willing M.D.

Address, 508 N. Fremont St

Remarks,

8930001057

Health. This schedule shall contain a list of the births which have occurred in any family during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name by the practitioner in the form of a certificate the birth of any child, and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child. In case the attendance of a physician or practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ON J C BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 46093.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feby 14th 1896
4. Place of Birth, (Street and Number) 2134 Druid Hill ave
5. Full Name of Mother, Emma V Donahue
6. Mother's Maiden Name, Oshe
7. Mother's Birthplace, Phila
8. Full Name of Father, Bernard Donahue
9. Father's Occupation, Liquor Merchant
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr. C. Raymond Smith

Address, 711 N Eutaw St

Remarks,

1893000 1058

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 February 1893
4. Place of Birth, (Street and Number) 807 E Oliver st
5. Full Name of Mother, Annie Monaghan
6. Mother's Maiden Name, Annie Buckley
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Frank Monaghan
9. Father's Occupation Carter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Carter

Address, 883 Greenmount Ave.

Remarks,

1893000 1059

Health. This schedule shall contain a list of the births which have occurred in each family during each month, and shall be delivered to the office of the Commissioner of Health within ten days after the end of each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 46095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall take the same. The births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the full name and occupation of its parents. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be shall occur without the attendance of a physician or midwife, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed above required. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* Feb. 14th 1893
4. *Place of Birth,* (Street and Number) # 422 Calvin Ave
5. *Full Name of Mother,* Annie H. Alrich
6. *Mother's Maiden Name,* " " Blair
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Frank C Alrich
9. *Father's Occupation,* Clerk for B+O.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. H G Prentice M.D
839 Gorsuch Ave

Address,

Remarks,

1893 0001060

GEO. J. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

14096.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd and 4th

1. Sex, (state whether male or female) Females
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 14th 1893
4. Place of Birth, (Street and Number) 2518 E. North ave.
5. Full Name of Mother, Lizzie Heumann
6. Mother's Maiden Name, Krotee
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Edward Heumann
9. Father's Occupation, Florist
10. Father's Birthplace, France

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 1720 N. Collington ave.

Remarks, These children are Twins.

8930001061

Health. This schedule shall contain a space for each child, if any, that may have been conferred; its sex, color the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 116097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 15. 1893
4. *Place of Birth, (Street and Number)*	St. Vincents Inf. Asylum
5. *Full Name of Mother,*	Mary Ulyses
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Not known
9. *Father's occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. B. Thane M. D
Address,	1590 Druid Hill Ave
Remarks,	

8930001062

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 46098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Male
3. *Date of Birth,* 16th February 1893
4. *Place of Birth, (Street and Number)* 38 + Allendale St.
5. *Full Name of Mother,* Cora Black
6. *Mother's Maiden Name,* Dixon
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Cornel Black
9. *Father's Occupation* Wait-teacher
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return E. Schermerhorn

Address, 42 Allendale St.

Remarks,

6 9 3 0 0 0 1 0 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. This schedule shall contain a list of the births which have occurred under the care of any midwife, and of any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Charles Julius Albers (one)

RETURN OF A BIRTH. A 46099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 7th

4. Place of Birth, (Street and Number) 1127 McElderry St

5. Full Name of Mother, Mary ~~Albers~~ ALBERS

6. Mother's Maiden Name, Mary Graw

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John ~~Albers~~ ALBERS

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. B. Gerik mother in

Address, No. 506 N Wolfe St.

Remarks,

8930001064

month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

been conferred) the name of the child, if any has been conferred; and the

Wm J C. Dulany Co., City Printers and Stationers.

A 46100.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 16th 95.
4. Place of Birth, (Street and Number) 710 S. Durham str.
5. Full Name of Mother, Maggie Doyle
6. Mother's Maiden Name, " Welch
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Doyle
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Wm. Deisenhofer

Address, 1806 Eastern Ave.

Remarks,

8930001065

Wm. J. C. Dulany Co., City Printers and Stationers

Health: and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M. H. [illegible], M. D.
1800 W. BALTIMORE ST.

4/6101.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 16th 1893
4. Place of Birth, (Street and Number)	1918 N. Lombard st.
5. Full Name of Mother,	Mrs Frieda Crist
6. Mother's Maiden Name,	[illegible]
7. Mother's Birthplace,	Md
8. Full Name of Father,	Theodore Pruska
9. Father's Occupation,	Dairyman
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return,	M. H. Carter M.D.
Address,	1800 W. Balto.
Remarks,	

8930001066

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 46107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 16/93.
4. Place of Birth, (Street and Number) 2233. Rose str.
5. Full Name of Mother, Maggie Thomas
6. Mother's Maiden Name, " Herberto
7. Mother's Birthplace, Germany
8. Full Name of Father, William Thomas
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dubenhofer

Address, 1116 Eastern Ave.

Remarks,

8930001067

month, and shall set forth as far as the same can be ascertained, the full name of each child born; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 16103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 16/93.
4. Place of Birth, (Street and Number) 2201 Eastern Ave.
5. Full Name of Mother, Louise Johnson
6. Mother's Maiden Name, " Zimmerman
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Johnson
9. Father's Occupation Captain
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this return, Dr. Heidenhofer

Address, 1116 Eastern Ave.

Remarks,

8930001068

month, and shall set forth as far as the same can be ascertained, the full name of each child born alive, and shall set forth as far as the same can be ascertained its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred, duly signed by the practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner come the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 11610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	Feb. 17, 1893
4. *Place of Birth, (Street and Number)*	1716 Morton Alley
5. *Full Name of Mother,*	Julia C. Williams
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	G. Lane Taneyhill
Address,	1103 Madison Avenue
Remarks,	born out of wedlock

8930001069

Health. This schedule shall contain a list of the Christian and surnames of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a physician or practioner of midwifery, or the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

146105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner come the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall become and is the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby. 17 1903
4. Place of Birth, (Street and Number) 404 W. Washington str
5. Full Name of Mother, Kathrin Brockamith
6. Mother's Maiden Name, " Lantz
7. Mother's Birthplace, Balto.
8. Full Name of Father Henry Brockamith
9. Father's Occupation Wheelwright
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Devienbofer

Address, 1006 Eastern Ave

Remarks,

8930001070

Wm. J. C. Dulany Co., City Printers and Stationers.

H. H. CARTER, M. D.
1050 W. BALTIMORE ST.

RETURN OF A BIRTH. A 46106.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Feb. 17th 1893
4. *Place of Birth, (Street and Number)*	2143 N Lexington St
5. *Full Name of Mother,*	Margie Hahn
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Balto. Co.
8. *Full Name of Father,*	Edward L. Hahn
9. *Father's occupation*	Car Conductor
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return	M. H. Carter M.D.
Address,	1050 W. Balto St.
Remarks,	

1893 0001071

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A-46107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th Feb
4. Place of Birth, (Street and Number) 611 E. Eden St
5. Full Name of Mother, Ramie Gusmer
6. Mother's Maiden Name, Ramie Sparks
7. Mother's Birthplace, Manchester Va.
8. Full Name of Father, Henry J. Gusmer
9. Father's Occupation Spinner
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Worden

Address, 625 Fairmount Ave

Remarks,

8930001072

Wm. J. C. Dulany Co., City Printers and Stationers

Health. [illegible] shall contain a list of the given name of each child, if any, and the full name of each child, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46108.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 17 1893.
4. *Place of Birth, (Street and Number)*	127 Brass st.
5. *Full Name of Mother,*	Barbara Schierholz.
6. *Mother's Maiden Name,*	Kies.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	August Schierholz.
9. *Father's Occupation*	Cigar manufacturer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Lohmaster Midwife.
Address,	1032 Hanover st.
Remarks,	

8930001073

Health. This schedule shall contain a list of the births which have occurred in the family of any householder during the month, and shall set forth after each name of each child, (if any shall have been born) the same and the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

46109.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15 July
4. Place of Birth, (Street and Number) 919 Forest Av
5. Full Name of Mother, Maggie Farmer
6. Mother's Maiden Name, Maggie Mealy
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George W. Farmer
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs. A. Burk midwife

Address, 1526 E. High St.

Remarks.

8930001074

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46110.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	IIII
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Febry 18/93.
4. Place of Birth, (Street and Number)	119 S. Durham str.
5. Full Name of Mother,	Sophie Stracke
6. Mother's Maiden Name,	" Gille
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Joseph Stracke
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltr.
Name of Medical Attendant, or other person who makes this Return	Jno. Diesenhofer
Address,	1816 Eastern Ave
Remarks,	

8930001075

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child Patterson

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19th 1st
4. Place of Birth, (Street and Number) Pr n22 South Carey
5. Full Name of Mother, Maggie Price
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Saint Marys County.
8. Full Name of Father, Ed S Price
9. Father's Occupation, Dyer in the Cannedal work
10. Father's Birthplace, Saint Marys County

Name of Medical Attendant, or other person who makes this Return, M S Semmes

Address, South Woods St 339

Remarks, Mary Ann Co Md

C 4 3 0 0 0 1 0 7 6

WM J C DULANY CO CITY PRINTERS AND STATIONERS

1

RETURN OF A BIRTH. 46117.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 18/93
4. Place of Birth, (Street and Number) Casey & Cumberland Sts
5. Full Name of Mother, Alice Taylor
6. Mother's Maiden Name, Alice Rider
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Harry Taylor (Deceased)
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E. Arnold, M.D.

Address, 1615 Frances St.

Remarks,

8930001077

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or shall become the duty of the person required, and attendance upon the mother immediately thereafter it shall be the duty of the person above required, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be child to report its birth to the Commissioner of Health, in the manner and within the period above required, and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

46113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Herman Wacker	5 Child.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Male.
1. Sex, (state whether male or female)	White
2. Race or Color, (if not of the white race)	Feb 19 1893.
3. Date of Birth,	120 Hamburg st
4. Place of Birth, (Street and Number)	Louise (Hoster) Wacker
5. Full Name of Mother,	Tiemeyer (Tiemeier)
6. Mother's Maiden Name,	America. Wacker
7. Mother's Birthplace,	Herman (Hoster)
8. Full Name of Father,	Glass manufacturer
9. Father's Occupation	America
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return	J. Schwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

8930001078

Health. This schedule shall contain a list of the births within the family, with the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of the parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

46114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Febr. 19/93.
4. *Place of Birth, (Street and Number)*	1937 Orleans str.
5. *Full Name of Mother,*	Daisy Kuhn
6. *Mother's Maiden Name,*	" Mark
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father*	Joseph Kuhn
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Habenhafer
Address,	1816 Eastern Ave
Remarks,	

8930001079

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED - 4/17/69

RETURN OF A BIRTH.

A 46115.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: LENORE ~~ULLMAN~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 17 Feb 1893
4. Place of Birth, (Street and Number) 827 N. Gay st
5. Full Name of Mother, Eliza Ullman
6. Mother's Maiden Name, " Mullhausen
7. Mother's Birthplace, Germany
8. Full Name of Father, Sam Ullman
9. Father's Occupation, Shoe store
10. Father's Birthplace, Germany Balto

Name of Medical Attendant, or other person who makes this Return, Ino Rose Ullog

Address, 1302 E Lexington st

Remarks,

18930001080

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

#6116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth. Nov 26.

4. Place of Birth, (Street and Number) 710 E. Lee St

5. Full Name of Mother, Annie Batterton

6. Mother's Maiden Name, Annie Eagan

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Joseph Batterton

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wm. J. Hirschwitz

Address, 710 E. Lee St.

Remarks. 8930001081

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 22 1893
4. Place of Birth, (Street and Number) 142 N Lombard St
5. Full Name of Mother, Linda Bass
6. Mother's Maiden Name, Offerding
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Bass
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, D. A. Schulze M.D.

Address, 1311 E Baltimore St

Remarks,

18930001082

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46118.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Febr. 20/93
4. Place of Birth, (Street and Number)	1622. Joseph str.
5. Full Name of Mother,	Annie Neubauer
6. Mother's Maiden Name,	" Alert
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Neubauer
9. Father's Occupation	Steverdore
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Deisenhofer
Address,	1816 Eastern Ave.
Remarks,	

1893 0001083

month, and shall set forth as far as the same can be ascertained, the name, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the name, color, the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, 20 February 1879

4. Place of Birth, (Street and Number) 1520 E Lanvale St Balto City

5. Full Name of Mother, Elizabeth Lahar Cox

6. Mother's Maiden Name, Elizabeth Miller

7. Mother's Birthplace, Baltimore MD

8. Full Name of Father, Thomas Kennedy

9. Father's Occupation, Labor

10. Father's Birthplace, Cheshire Eng

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson St

Remarks, 8930001084

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 46120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the names of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 20th 1899
4. *Place of Birth, (Street and Number)*	426 E. 21st East
5. *Full Name of Mother,*	Mary E Lucas
6. *Mother's Maiden Name,*	Darley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John L Lucas
9. *Father's Occupation*	State Labs
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	R G Rankin M D
Address,	Waverly station - Balto. Md
Remarks,	

+ 8930001085

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46171.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 22 1893.
4. *Place of Birth, (Street and Number)* 209 N Eden St.
5. *Full Name of Mother,* Constantine Bollman
6. *Mother's Maiden Name,* King
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Bollman
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Schubert M.D.

Address, 154 N Eden St

Remarks,

1893 00 01086

Health. This schedule shall contain a list of the births which occur in the family of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 22 1893
4. *Place of Birth, (Street and Number)*	2434 E. Biddle
5. *Full Name of Mother,*	Sarah Ea. Walters
6. *Mother's Maiden Name,*	" " Pottinger
7. *Mother's Birthplace,*	Pa.
8. *Full Name of Father,*	Jno. M. Walters.
9. *Father's Occupation,*	Mechanic
10. *Father's Birthplace,*	Pa
Name of Medical Attendant, or other person who makes this Return,	W. J. Watson M. D.
Address,	1519 N. Broadway
Remarks,	Forceps delivery + child badly bruised.

1893 0001087

Health. This schedule shall contain such facts as can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

SUE J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 46123.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician or midwife, within the City of Baltimore, shall report to the registrar aforesaid, or his deputy, or other person who may be appointed to receive such returns, within ten days after the birth of any child, and any person having charge of such child after the birth thereof, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* Oct 22nd 1893

4. *Place of Birth (Street and Number)* #113 E. Lanvale St

5. *Full Name of Mother* Catherine Virginia Hall

6. *Mother's Maiden Name* Lynch

7. *Mother's Birthplace* Balto City

8. *Full Name of Father* Frederick Sumner Hall

9. *Father's Occupation* Employee Consolidated Gas Co.

10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this return Dr. H. Hanson

Address 710 Hanover St

Remarks Balto City

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

8930001088

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4013.4

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First,
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Febry. 22. 1893.
4. Place of Birth, (Street and Number)	Sluggluff Ave.
5. Full Name of Mother,	Florence Lavinia Valliant
6. Mother's Maiden Name,	Florence L. Hall
7. Mother's Birthplace,	Baltimore City Md.
8. Full Name of Father,	William Henry Valliant
9. Father's Occupation,	Motorman on Electric Road
10. Father's Birthplace,	Baltimore City Md.
Name of Medical Attendant, or other person who makes this Return.	James A. Zepp M.D.
Address,	Cor. 18th St. and North Ave. Annex
Remarks,	

8930001089

Health. This schedule shall contain a list of the names and residences of the parents of each child, if any shall have been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 4620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, February 23

4. Place of Birth, (Street and Number) Lanvale and 617

5. Full Name of Mother, Mary P. Townsend

6. Mother's Maiden Name, Mary P McCardell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles H Townsend

9. Father's Occupation Day Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, 1202 Mary J Shockley

Remarks, 731 Fountain Court E St

18930001090

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, said any such person or persons who shall hereafter fail to comply with the provisions of this section shall be child to report its birth to the Commissioner of Health, in the manner and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 23
4. Place of Birth, (Street and Number) 904 Fremont Ave
5. Full Name of Mother, Mary E. Reamer
6. Mother's Maiden Name, Mc. Ec. Filbert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas. F. Reamer
9. Father's Occupation Shoe maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Wooden

Address, 883 Fremont Ave

Remarks,

18930001091

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

46177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 23 93.
4. Place of Birth, (Street and Number) 2121 Eastern Ave.
5. Full Name of Mother, Kathr Becker
6. Mother's Maiden Name, " Knabel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Becker
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 1896 Eastern Ave.

Remarks,

18930001092

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Febr. 24/93.
4. *Place of Birth, (Street and Number)*	716 S. Durham str.
5. *Full Name of Mother,*	Louise Greive
6. *Mother's Maiden Name,*	" Sann
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Frank Greive
9. *Father's Occupation*	Stevendore
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return	Mrs. Heidenhofer
Address,	1216 Eastern Ave.
Remarks.	

8930001093

Wm. J. C. Dulany Co., City Printers and Stationers.

E 16/29

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24th Feb
4. *Place of Birth, (Street and Number)* 105 E. Monument St
5. *Full Name of Mother,* Mary Dutton
6. *Mother's Maiden Name,* Mary O'Connor
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Dutton
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Rockwood

Address, 106 N. Gay St.

Remarks,

C 9 3 0 0 0 1 0 9 4

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 46130.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. ~~Date~~ of Birth, 2647 Florence St.
4. ~~Place~~ of Birth, (Street and Number) July 2nd 93
5. Full Name of Mother, Carrie E. Ginnaran
6. Mother's Maiden Name, Carrie E. Lee
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, James C.H. Ginnaran
9. Father's Occupation, Tiler
10. Father's Birthplace, New York State

Name of Medical Attendant, or other person who makes this Return, E. Asbrith M.D.

Address, 2645 Francis St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

B930001095

BRO. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. L 46131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex.* (state whether male or female)	Male.
2. *Race or Color.* (if not of the white race)	White.
3. *Date of Birth.*	February 25 1893.
4. *Place of Birth.* (Street and Number)	No. 1523 N. Eden st.
5. *Full Name of Mother,*	Mr. Lilian Warner.
6. *Mother's Maiden Name,*	Mr. Lilian Wright.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Frederick H. Warner.
9. *Father's Occupation*	Mechanical Engineer
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Asa G. Eldredge, Jr. M.D.
Address,	1241 Harford ave.
Remarks,	

8930001096

month, and shall set forth as far as the same can be ascertained, the full Name of each Child, the date and place of birth; and the name, residence and occupation of its parents, the date and place of birth; and the full name and occupation of the parents, the form of a certificate between the first and been conferred; its sex, color, the, duly signed by the practitioner in the of Health. In case the birth of any child said schedule shall be delivered, duly signed by the office of the Commissioner of Midwifery, or should no other person be in third day of each and every month to the physician or practioner of midwifery of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. E 46134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	# 6
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Feb 26 - 1893
4. Place of Birth, (Street and Number)	606 S Patterson Park ave
5. Full Name of Mother,	Anna M Gough
6. Mother's Maiden Name,	Haines
7. Mother's Birthplace,	Burlington County New Jersey
8. Full Name of Father,	John J Gough
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Sarah T Harrington
Address,	929 Bonney st
Remarks,	

1893 0001097

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46133.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 25 98
4. Place of Birth, (Street and Number) 1617 Portman st Balt
5. Full Name of Mother, Ella Rockwell
6. Mother's Maiden Name, Ella Roberts
7. Mother's Birthplace, Milton Iowa
8. Full Name of Father, Edward L Rockwell
9. Father's Occupation, Fireman
10. Father's Birthplace, Binbley Springs W Va

Name of Medical Attendant, or other person who makes this Return, H T Percy

Address,

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, as to sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner of health. In case the birth of any child said schedule shall be every month to the office of the Commissioner of midwifery, or should no other person be in third day of each and every month to the office of the person or parents of such shall occur without the aforesaid immediately thereafter it shall become and within the period above required, and attendance upon the mother Commissioner of Health, in the manner and the provisions of this section shall be child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1893U0001098

[illegible] J. D. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

46134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 Feb ~~1900~~
4. Place of Birth, (Street and Number) 100 N Central Ave
5. Full Name of Mother, Chatham Snyder
6. Mother's Maiden Name, " Sturgemald
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas ~~Sturgemald~~ Snyder
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Ina Rose Ulbig

Address, 1302 E Lexington st

Remarks,

8930001099

Wm. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-21-56

RETURN OF A BIRTH. 46135.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lottie Lee Hohmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. Feb 26 93
4. Place of Birth, (Street and Number) No 8001 Freemont Ave
5. Full Name of Mother, Augusta L Hofmann
6. Mother's Maiden Name, Simon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Hofmann
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs L Gross

Address, No 1902 E Monument St

Remarks,

6 9 3 0 0 0 1 1 0 0

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 46136.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 1st 93
4. *Place of Birth, (Street and Number)* 2411 Francis St
5. *Full Name of Mother,* Annie Hilinger
6. *Mother's Maiden Name,* Annie Zeigler
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Wm Hilinger
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Penna.

Name of Medical Attendant, or other person who makes this Return A G Bole

Address, 2037 Madison Ave

Remarks,

8 9 3 0 0 0 1 1 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 1/6/37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Helen M Date

1. *Sex, (state whether male or female)* White 3 593
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 593 Baltimore St
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Charles Doetzer
6. *Mother's Maiden Name,* Charles Meyers
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Metzler
9. *Father's Occupation* Plasterer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, E L Brooke

Address, 525 Lord St

Remarks, Dixie Mill

8930001102

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 4/6/38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	February 4 1938
4. *Place of Birth, (Street and Number)*	1216 Edward St
5. *Full Name of Mother,*	Mary Stinson
6. *Mother's Maiden Name,*	Mary Bruce
7. *Mother's Birthplace,*	Bells
8. *Full Name of Father,*	James ~~Bruce~~ Stinson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Bells
Name of Medical Attendant, or other person who makes this Return,	Dr. A. Bell.
Address,	1245 E. Monument St
Remarks,	Ole Bell

1893000011 03

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This Return Shall Contain a list of the names selected, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Comm'ssioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 46139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

months, and shall set forth as far as the same can be ascertained, the full name, the sex, color, the full name and occupation of its parents, the date and place of birth, and the facts conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	February 4, 1893.
4. *Place of Birth, (Street and Number)*	804 Hollingsworth ave.
5. *Full Name of Mother,*	Amelia B. Harris.
6. *Mother's Maiden Name,*	Wagner.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Harry Addison Harris.
9. *Father's Occupation*	Blacking manufacturer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

18930001104

WM. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-46140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to Health. In case the birth of any child third day of each and every month to the office of the practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 6 5d 1893
4. Place of Birth, (Street and Number) 2331 Druid Hill ave
5. Full Name of Mother, Elizabeth McGovern
6. Mother's Maiden Name, Oliver
7. Mother's Birthplace, Harford Co Md
8. Full Name of Father, David J McGovern
9. Father's Occupation, Locksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas E Sadler

Address, 2100 Druid Hill Ave

Remarks,

1893000111 05

GEO. J. C. GULLEY CO. CITY PRINTERS AND STATIONERS.

A 14141.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 1893
4. Place of Birth, (Street and Number)	1329 Hanover Ave
5. Full Name of Mother,	Jane Burton
6. Mother's Maiden Name,	Jane Muller
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	C. Burton
9. Father's Occupation,	Brakeman on R.R.
10. Father's Birthplace,	Balto Co Md
Name of Medical Attendant, or other person who makes this Return.	W B Rucker M.D.
Address,	708 E Lee St.
Remarks,	

1893 00011106

The Mother, and shall set forth as far as the same can be ascertained the full name of each child; and the month, and shall set forth as far as the same can be ascertained the full name of each child; and the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GEO. J. C. BLAKNEY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 16147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3 1913
4. Place of Birth, (Street and Number) 2308 Lanvale Alley
5. Full Name of Mother, Loretta McPherson Pettiford
6. Mother's Maiden Name, Loretta McPherson
7. Mother's Birthplace, Balt
8. Full Name of Father, Chas Pettiford
9. Father's Occupation Draughtsman
10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return, D C Pole

Address, 2038 Madison Ave

Remarks,

1893000111107

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 16143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 5th 1893
4. *Place of Birth, (Street and Number)* 1015 Forest Place
5. *Full Name of Mother,* Rhoda Roach
6. *Mother's Maiden Name,* Rhoda Gough
7. *Mother's Birthplace,* Queen Annes Co Md
8. *Full Name of Father,* Chas J. Roach
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Talbot Co Md

Name of Medical Attendant, or other person who makes this Return. W B Perry M.D.

Address, 1016 E Chase St.

Remarks,

1893 0009 1108

month, and shall set forth as far as the same can be ascertained the full name of said child; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. L. 46144.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* February 6, 1893.
4. *Place of Birth, (Street and Number)* 853 Cedar ave.
5. *Full Name of Mother,* Lucy Lee Klausman.
6. *Mother's Maiden Name,* Hackley.
7. *Mother's Birthplace,* W. Va.
8. *Full Name of Father,* Nicholas Grant Klausman.
9. *Father's Occupation* Railroader.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8930001109

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 46145.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 7, 1893.
4. Place of Birth, (Street and Number) 606 Elm ave.
5. Full Name of Mother, Lillian Elvira Williams.
6. Mother's Maiden Name, Byrely.
7. Mother's Birthplace, Md.
8. Full Name of Father, Benjamin Franklin Williams.
9. Father's Occupation Painter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Ellen K. Mitchell M.D.

Address, 291 Cleveland ave.

Remarks,

1893000111 0

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, if any, and the been conferred; its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	February 7, 1893.
4. *Place of Birth, (Street and Number)*	828 Aisquith Ave.
5. *Full Name of Mother,*	Lillian Coles.
6. *Mother's Maiden Name,*	Hugit.
7. *Mother's Birthplace,*	Washington, D.C.
8. *Full Name of Father,*	Harry Coles.
9. *Father's Occupation*	Stone-Cutter.
10. *Father's Birthplace,*	England.
Name of Medical Attendant, or other person who makes this Return	Chas. H. Mitchell M.D.
Address,	291 Aisquith ave.
Remarks,	

8 9 3 0 0 0 1 1 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

No. 46147

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 5, 1893
4. *Place of Birth, (Street and Number)*	1005 Hoffman St.
5. *Full Name of Mother,*	A. Gertrude
6. *Mother's Maiden Name,*	A. Metz
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	J. Irving
9. *Father's Occupation*	J. Stone - Butter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Dr. A. Burt.
Address,	245 E. Monument St.
Remarks,	All Well

8 9 3 0 0 0 1 1 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The name of every child born in this city shall be ascertained if possible, and the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the office of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in writing to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 116148.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* February 5 1893

4. *Place of Birth, (Street and Number)* 113 Light St

5. *Full Name of Mother,* Lillie Kenny

6. *Mother's Maiden Name,* Lillie Hirschburger

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John T Kenny

9. *Father's Occupation* Tobacco

10. *Father's Birthplace,* Africa

Name of Medical Attendant, or other person who makes this Return, C J Brooks

Address, 1525 Light St

Remarks, Drug Clerk

+ 893000111 3

Wm. J. C. Dulany Co., City Printers and Stationers

46147

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 9 1893
4. *Place of Birth, (Street and Number)*	1016 Gay St
5. *Full Name of Mother,*	L. Reed
6. *Mother's Maiden Name,*	L. Binning
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	J. Reed
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Cecil County Md
Name of Medical Attendant, or other person who makes this Return,	M. A. Burt
Address,	1245 E. Monument St.
Remarks,	All Well

8930001114

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46150.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	February 9, 1893.
4. *Place of Birth, (Street and Number)*	115 Mt. Vernon St.
5. *Full Name of Mother,*	Sarah Jane Cornelius.
6. *Mother's Maiden Name,*	Williams.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Walter Bell Cornelius.
9. *Father's Occupation*	Railroader.
10. *Father's Birthplace,*	Washington, D.C.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

8930001115

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46157.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & 2d.
1. Sex, (state whether male or female)	Males.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	February 11, 1893.
4. Place of Birth, (Street and Number)	310 Union ave.
5. Full Name of Mother,	Marilla Harper.
6. Mother's Maiden Name,	Davis
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Luther Edwin Harper.
9. Father's Occupation	Clerk
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this return,	Chas. H. Mitchell M.D.
Address,	294 Chestnut ave
Remarks,	Twins.

8930001116

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 12, 1893
4. *Place of Birth, (Street and Number)*	820 Ruxton Ave.
5. *Full Name of Mother,*	Mary Welch
6. *Mother's Maiden Name,*	Lady England
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	A. Welch
9. *Father's Occupation*	Stone-cutter
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	W. A. Bull.
Address,	1245 E. Hammond St. P. & L. R.R. Co. Central Ave.
Remarks,	All Well

8 9 3 0 0 0 1 1 1 7

Wm. J. C. Dulany Co., City Printers and Stationers

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall be signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the officiating physician or practitioner of midwifery, or the person or parents of each third day of each and every month to the Commissioner of Health. In case the birth of any child to which such certificate shall relate shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L. 46153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	February 13, 1893.
4. *Place of Birth, (Street and Number)*	102 N. Baldwin St.
5. *Full Name of Mother,*	Elizabeth Evans.
6. *Mother's Maiden Name,*	Hair.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	John P. Evans.
9. *Father's Occupation*	Railroader.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

8930001118

months, and shall set forth as far as the same can be ascertained the name, the date and place of birth; and the name, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1 146 134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the periods above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 14th 1893
4. Place of Birth, (Street and Number) 114 N. Prott St.
5. Full Name of Mother, Ellen Caroline Meredith
6. Mother's Maiden Name, Pardoe
7. Mother's Birthplace, England
8. Full Name of Father, Henry Francis Meredith
9. Father's Occupation, Saloonkeeper
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. H. W. Kebner, M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

1893 00011119

GEO. J. C. CULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 146155.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 14, 1873.
4. Place of Birth, (Street and Number) 91 Cedar ave.
5. Full Name of Mother, Margaret Ann Ofenstein
6. Mother's Maiden Name, Smith.
7. Mother's Birthplace, Md.
8. Full Name of Father, George C. Ofenstein.
9. Father's Occupation Butcher.
10. Father's Birthplace, Washington, D. C.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1893 0001120

Wm. J. C. Dulany Co., City Printers and Stationers.

...births, and the return of the birth of each child born alive, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 46156.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Zwites Kind

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race)

3. Date of Birth, 14 Febrs.

4. Place of Birth, (Street and Number) 1005 Bradella

5. Full Name of Mother, Buddy Stern

6. Mother's Maiden Name, Europa

7. Mother's Birthplace, Moses Stern

8. Full Name of Father, Handwerker

9. Father's Occupation Europa

10. Father's Birthplace, Linie Handler

Name of Medical Attendant, or other person who makes this Return, 1125 E. Pratt ste

Address,

Remarks,

8 9 3 0 0 0 1 1 2 1

Health. This schedule shall contain a list of the names of each child, (if any shall have been conferred) its sex, color, the full name of each child born of the mother, the date and place of birth, and the month, and shall set forth as far as the name can be ascertained, the full name and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-22-54 A 46157

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Lewis Caldwell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 16th 1893
4. Place of Birth, (Street and Number) 1109 Federal St
5. Full Name of Mother, Clara M. Caldwell
6. Mother's Maiden Name, " " Hyde
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Arthur L. Caldwell
9. Father's Occupation, Clerk
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, W D Perry MD

Address, 708 E. Chase St

Remarks,

1893 0 0 0 1 1 2 2

month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GEO. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-21-54

RETURN OF A BIRTH. 16164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pearl May ~~Welch~~ Welch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 February 1893

4. Place of Birth, (Street and Number) 1103 Hanover St

5. Full Name of Mother, Emma Welch

6. Mother's Maiden Name, Emma Smith

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Emma H Welch

9. Father's Occupation, Engineer B & O R R

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, C J Breaks

Address, 1828 Light St

Remarks, Davis Md

8930001123

month, and shall set forth as far as the same can be ascertained the full name of each child of any mother, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the facts conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the date and place of birth; and the name of the physician or midwife (if any) in attendance upon the mother at each birth. If no physician or midwife has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb 19th 1893
4.	*Place of Birth, (Street and Number)*	2434 Madison Ave
5.	*Full Name of Mother,*	Adele Callow
6.	*Mother's Maiden Name,*	Fow
7.	*Mother's Birthplace,*	Virginia
8.	*Full Name of Father,*	LeRoy B Callow
9.	*Father's Occupation,*	Real Estate
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Chas E Sadler
	Address,	2100 Druid Hill Ave
	Remarks,	

8 9 3 0 0 0 1 1 2 4

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 46160.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 19th 1893
4. Place of Birth, (Street and Number) 616 W. Conway St.
5. Full Name of Mother, Annie Mary Ernest Kritzwiss
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Ernest
9. Father's Occupation, Meter Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. H. H. Webner. M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor

8930001125

month, and shall set forth as far as the same can be ascertained the name and surname of its parents, the date and place of birth; and the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

£ 46161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 20th '93
4. *Place of Birth, (Street and Number)*	315 N. Eden
5. *Full Name of Mother,*	Sallie Schmidt
6. *Mother's Maiden Name,*	Saul
7. *Mother's Birthplace,*	Penna
8. *Full Name of Father,*	George L. Schmidt
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Penna
Name of Medical Attendant, or other Person who makes this Return.	J. B. Schwatka M. D.
Address,	1003 N. Wolfe
Remarks,	

8930001126

...ns Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46167.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Arnydale Dowling Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 20 1893
4. Place of Birth, (Street and Number) 700 fox avenue Remington
5. Full Name of Mother, Mary a Jones
6. Mother's Maiden Name, dowling
7. Mother's Birthplace, Kent. Co, Md
8. Full Name of Father, Isaac J Jones
9. Father's Occupation, Colector Penn Mutl Ins Company
10. Father's Birthplace, Balt- City, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Martin

Address, 2304 Ceder avenue Balt- City, Md

Remarks,

8930001127

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the 6th third day of each and every month to the office of the Commissioner of Health. In case the birth of any shall occur without the attendance of a physician or midwife, or should no other person in attendance upon the mother, immediately thereafter shall become the duty of the person or parents of child to report its birth to the Commissioner of Health, in the manner and within the period above required any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46163.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20 February 1873
4. *Place of Birth, (Street and Number)*	121 Hanover St
5. *Full Name of Mother,*	Louisa Long
6. *Mother's Maiden Name,*	Louisa Wareham
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Leander Long
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	C G Brooks
Address,	1325 Light St
Remarks,	Living Well

8930001128

month, and shall set forth as far as the same can be ascertained, the full name or each surname of the child (if it has been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 2 46 64

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 21 1893
4. *Place of Birth, (Street and Number)* 116 Oldend Ln
5. *Full Name of Mother,* Mary Eunice
6. *Mother's Maiden Name,* Mary Louise
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Eunice
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Tennessee

Name of Medical Attendant, or other person who makes this Return, E. L. Brooks

Address, 1525 Eagle St

Remarks, Drug Mill

+ 8 9 3 0 0 0 1 1 2 9

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) February 21 ce 1893

3. Date of Birth, 1030 Hollins St.

4. Place of Birth, (Street and Number) Emma Veale

5. Full Name of Mother, " Slake

6. Mother's Maiden Name, Engd. Md

7. Mother's Birthplace, Geo Veale

8. Full Name of Father, Trains B. C. P Ry Co.

9. Father's Occupation, Balto. Md

10. Father's Birthplace, Dr. A. Shuman M.D.

Name of Medical Attendant, or other person who makes this Return, 535 N. Lombard St.

Address,

Remarks,

1893000130

Health. This certificate must be filled out as the same can be ascertained the full name of each child, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth same as the same can be ascertained in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L 46/66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name, sex, color and place of birth; and the name, occupation and residence of the parents, the date and place of birth; and the name, occupation and residence of the person who shall have been present at the birth; and the name, occupation and residence of the person who shall have been present at the birth; and the name, occupation and residence of the person who shall have been present at the

RETURN OF A BIRTH.

4167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 23, 1893
4. Place of Birth, (Street and Number) 718 Gunn St.
5. Full Name of Mother, L. Kiefner
6. Mother's Maiden Name, L. Hemmann
7. Mother's Birthplace, Balto.
8. Full Name of Father, C. Kiefner
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, H. A. Bull

Address, 1245 E. Monument St.

Remarks, Old Hill

8930001132

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46168.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23rd 93
4. Place of Birth, (Street and Number) 1512 Riggs av
5. Full Name of Mother, ~~Light~~ Webster
6. Mother's Maiden Name, Lightner
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm E. Webster
9. Father's Occupation Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A C Polk

Address, 2038 Mason av

Remarks, 8930001133

month, and shall set forth as far as the same can be ascertained, the name and surname, the date and place of birth; and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46164.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 25th 1893.
4. Place of Birth, (Street and Number) 1407 E. Eager st
5. Full Name of Mother, Catherine J. Reese
6. Mother's Maiden Name, " " Weiss
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Charles Reese
9. Father's Occupation, Clothing cutter
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. E. B. Tenby, M.D.

Address,

Remarks,

1893000134

month, and shall set forth as far as the same can be ascertained the full name of each child, whether the child be living or dead, the sex, color, the full name and occupation of its parents, the date and place of birth; and the fact of the child having been born alive or dead, as the case may be, shall be certified by the physician or midwife in attendance, or if there be none, then by the father or mother of such child, or the householder or owner of the premises where such birth occurs, which certificate shall be in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GEO. J. O. SULLAVY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 46170.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 21 @ 4 Oclock
4. Place of Birth, (Street and Number) 1325 Harford Ave.
5. Full Name of Mother, Katie Thurman
6. Mother's Maiden Name, Kreshler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Dyke Kreshler
9. Father's Occupation Liquior House
10. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return, Ira Worden

Address, 883 Greenmount Ave.

Remarks,

8930001135

Wm. J. C. Dulany Co., City Printers and Stationers.

The date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth the sex, color, the full name and occupation of the practitioner in the form of a certificate the birth of any child been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the physician or practioner of midwifery, or should no other person be in attendance of a physician or practioner of midwifery, or should no or parents of such shall occur without the mother, immediately the duty of the person above required, and attendance upon the mother, immediately after the birth, in the manner provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A-1677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th of February 1893

4. Place of Birth, (Street and Number) No 109. S. Carlton st

5. Full Name of Mother, Delia Regina Crocken

6. Mother's Maiden Name, Delia Regina Fitzgerald

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Daniel Crocken

9. Father's Occupation, Fish Dealer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks,

1893000136

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and whether it is the first and said scheduls shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately of the duty of the person or parents of such attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 4617

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 26th 1893
4. Place of Birth, (Street and Number) 231 N. Schroeder St
5. Full Name of Mother, Annie Elizabeth Weber
6. Mother's Maiden Name, Annie Elizabeth Elliott
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Frank Joseph Weber
9. Father's Occupation, Shipping Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Swan Hunter

Address, 23 N Population St

Remarks,

8 9 3 0 0 0 1 1 3 7

been conferred); its sex, color, the full name and occupation of its parents, the date and place of its birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febuary 26th 1893
4. Place of Birth, (Street and Number) 834 West Pratt St
5. Full Name of Mother, Mrs Mary ~~Cronin~~ McEnaney
6. Mother's Maiden Name, Mary Cronin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J McEnaney
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks, 8930001138

been conferred) its sex, color, the full name and occupation of its parents, the ... between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate ... In case the birth of any child third day of each and every month to the office of the Commissioner of Health. ... he is shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health. In the manner ... of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-4674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained from the parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	White Male
2. *Race or Color, (if not of the white race)*	White German
3. *Date of Birth,*	July 26/93
4. *Place of Birth, (Street and Number)*	606 N. Lexington st
5. *Full Name of Mother,*	Annie Lienkert
6. *Mother's Maiden Name,*	Annie Bettenhausen
7. *Mother's Birthplace,*	Ba Germany
8. *Full Name of Father,*	Wm Lienkert
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	A C Pole
Address,	2038 Madison ave
Remarks,	

8 9 3 0 0 0 1 1 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Feb 27, 1895
4. *Place of Birth, (Street and Number)*	13 Old Frederick Road
5. *Full Name of Mother,*	Augusta Wubbold.
6. *Mother's Maiden Name,*	Augusta Reis
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Henry Wubbold
9. *Father's Occupation,*	Cigar maker.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. B. Mullen M.D.
Address,	92 Frederick Ave East.
Remarks,	

8930001140

Sec. 4. And be it further enacted, That the full name and occupation of its parents, the date and place of birth, and the name conferred) its sex, color, duly signed by the practitioner in the form of a certificate between the first and been scheduled shall be delivered month to the office of the Practitioner of Health, or should no other person be in said schedule of each and every mon- ance of a physician or person shall become the duty of the person or parents of such third day without the attendance of the practitioner of midwifery, at the manner and within the period above required, and shall occur upon the mother, immediately thereafter. It shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

SUN J. C. BULLEY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 46176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Febr. 27 1893.

4. Place of Birth, (Street and Number) 233 E. Chappel Sts.

5. Full Name of Mother, Wilhelmina Hamel Willer

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Hamel

9. Father's Occupation Painter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Geo. Deisenhofer

Address, 1806 Eastern Ave.

Remarks,

8930001141

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46177.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 2/93.
4. Place of Birth, (Street and Number) 409 S. Chapel str.
5. Full Name of Mother, Mary Kaphel
6. Mother's Maiden Name, " Riesner
7. Mother's Birthplace, Balto
8. Full Name of Father, John Kaphel
9. Father's Occupation, Cigarmacker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1806 Eastern Ave.

Remarks,

1 8 9 3 0 0 0 1 1 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46178.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 27th - 93
4. Place of Birth, (Street and Number) 417 E Lafayette Ave
5. Full Name of Mother, Annie O McAuliff
6. Mother's Maiden Name, Annie O Maguire
7. Mother's Birthplace, Washington DC
8. Full Name of Father, Charles H McAuliff
9. Father's Occupation, Painter
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return. T. K. Galloway M.D.

Address. 318 E Lanvale St.

Remarks,

8930001143

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it enacted by the General Assembly of Maryland, That the Board of Health of Baltimore City shall cause to be printed such number of blank forms of certificates of births as may be required, and shall furnish the same to the physicians, midwives and other persons in charge of cases of births in said city, and shall cause to be recorded in a book to be kept for that purpose, the name and occupation of the parents, the date and place of birth, and the sex, color, the full name and occupation of the parents, the state and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 46179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Feb 27 1893
4. Place of Birth (Street and Number),	529 n Charles
5. Full Name of Mother,	Laura Butler Burgess
6. Mother's Maiden Name,	Laura Butler
7. Mother's Birthplace,	Md
8. Full Name of Father,	Edward Burgess
9. Father's Occupation,	Vet
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	C B Lamb M D
Address,	925 Cathedral
Remarks,	

1893 0001144

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH A 46180.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same is ascertainable the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of such practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, Feb. 27 - 1893.
4. Place of Birth, (Street and Number) 647 N. Calhoun st.
5. Full Name of Mother, Sarah H. Goldsmith.
6. Mother's Maiden Name, Winder -
7. Mother's Birthplace, Virginia.
8. Full Name of Father, Frank J. Goldsmith.
9. Father's Occupation, Salesman.
10. Father's Birthplace, Mississippi.

Name of Medical Attendant, or other person who makes this Return. R. H. Goldsmith.

Address, Harlem av. & Calhoun st.

Remarks,

1893000145

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 2-5-54

A 46181.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Francis Mueller
2. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII
3. Sex, (state whether male or female) Boy
4. Race or Color, (if not of the white race) White
5. Date of Birth, Febr. 27/93.
6. Place of Birth, (Street and Number) 16 N. Eager st.
7. Full Name of Mother, Elsa Miller Eleanor Mueller
8. Mother's Maiden Name, " Litz
9. Mother's Birthplace, Balto. Milton
10. Full Name of Father Henry Mueller
11. Father's Occupation Tailor
12. Father's Birthplace, Balto.
13. Name of Medical Attendant, or other person who makes this return, Mrs. Deisenhofer
14. Address, 1816 Eastern Ave.
15. Remarks,

18930001146

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no physician or practitioner become the duty of the person or parents of such shall occur without the mother, immediately thereafter it shall become and within the period above required, and attendance upon the birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered

Wm. J. C. Dulany Co., City Printers and Stationers

(over)

RETURN OF A BIRTH. 46187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mildred Brass

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 28 93
4. Place of Birth, (Street and Number) 2322 Druid Hill Ave
5. Full Name of Mother, Ella Brass
6. Mother's Maiden Name, Ella Kriel
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Jno F Brass
9. Father's Occupation Tracton Co.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Ave

Remarks,

8930001147

month, and shall set forth as far as the same can be ascertained the full name, the date and place of birth; and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said scheinic shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

46182.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 Feb
4. Place of Birth, (Street and Number) 1637 N. Spring st
5. Full Name of Mother, Carrie Seebach
6. Mother's Maiden Name, " Maurer
7. Mother's Birthplace, Balto
8. Full Name of Father, John Seebach
9. Father's Occupation, Clothing Cutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Weber

Address, 1302 E Lexington st

Remarks,

1893 0001148

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 28/93.
4. Place of Birth, (Street and Number) 2022. Mc Elderry str.
5. Full Name of Mother, Mary Bieger
6. Mother's Maiden Name, " Fuchs
7. Mother's Birthplace, Germany
8. Full Name of Father John G. Bieger
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 826 Eastern Ave.

Remarks,

8930001149

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14618.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 29/93
4. Place of Birth, (Street and Number) 516 S. Durham str.
5. Full Name of Mother, Era Matteo
6. Mother's Maiden Name, " Richman
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Matteo
9. Father's Occupation Standard
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Siebenhofer

Address, 1806 Eastern Ave

Remarks,

1 8 9 3 0 0 0 1 1 5 0

been conferred; its sex, color; the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46186.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 Feb 1893
4. Place of Birth, (Street and Number) 1323 Hanford ave
5. Full Name of Mother, Catherine Snyder
6. Mother's Maiden Name, Catherine Bendle
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Christian Snyder
9. Father's Occupation Farmer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mrs Wooden

Address, 883 Fairmount ave.

Remarks,

8930001151

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, and the month and the day of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 46187.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 February
4. *Place of Birth, (Street and Number)* 2313 Eastern Avenue
5. *Full Name of Mother,* Ruth Elizabeth Cave
6. *Mother's Maiden Name,* Ruth Elizabeth Fiery
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Cave
9. *Father's Occupation,* Carpenter Finder
10. *Father's Birthplace,* Berlin Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Taylor

Address, 615 Patterson park Ave

Remarks,

1893000152

month and shall set forth as far as the same can be ascertained the name, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 46188.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 28th 93
4. Place of Birth, (Street and Number) 1105 Pinkney St
5. Full Name of Mother, Mary C. Gorman
6. Mother's Maiden Name, Mary C. Hughes
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Gorman
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle M.D.

Address, 1203 W. Fayette St

Remarks,

8930001153

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 40189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W Fe
3. *Date of Birth,*	25 February 1893
4. *Place of Birth, (Street and Number)*	1710 Johnson st
5. *Full Name of Mother,*	Martha Douglas
6. *Mother's Maiden Name,*	Martha Dobson
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	William Douglas
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	C A Brooks
Address,	1625 Light st
Remarks,	Doing Well

8930001154

month, and shall set forth as far as the same can be ascertained, the full name of each child born, the date and place of birth, and the name and surname conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED. 12/10/56

RETURN OF A BIRTH A 46190.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Estelle Saffran

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (State whether ~~male or~~ female)
2. Race or color, (~~If not of the~~ white ~~race~~)
3. Date of Birth, Feb 28 1893
4. Place of Birth, (Street and Number) 502 N Mayo Ct
5. Full Name of Mother, Mary Saffran
6. Mother's Maiden Name, Inwood
7. Mother's Birthplace, MD
8. Full Name of Father, John Saffran
9. Father's Occupation, Laborer
10. Father's Birthplace, MD

Name of Medical Attendant, or other person who makes this Return. P Kuntzman MD

Address, 601 W Franklin.

Remarks,

1893000155

... J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 10191.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 28th 1894
4. *Place of Birth, (Street and Number)* 750 W. Fayette St
5. *Full Name of Mother,* Kate Arnold Smith
6. *Mother's Maiden Name,* Kate Amelia Smith
7. *Mother's Birthplace,* Washington D.C
8. *Full Name of Father,* Leroy Smith
9. *Father's Occupation* Glass Blower
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this return, Jane E. Wood

Address, 778 W. Fayette St

Remarks, 8930001156

been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and in the manner and within the period above required, and Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 1st '93
4. Place of Birth, (Street and Number)	115 W. Lombard.
5. Full Name of Mother,	Mary Brumley
6. Mother's Maiden Name,	Md.
7. Mother's Birthplace,	Not known
8. Full Name of Father,	" "
9. Father's Occupation,	" "
10. Father's Birthplace,	W. Wayland Frames.
Name of Medical Attendant, or other person who makes this Return,	115 W. Lombard.
Address,	
Remarks,	

8930001157

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4093.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 3rd 1893
4. Place of Birth, (Street and Number) #202 Brady Ave
5. Full Name of Mother, Bonnazin A. Maynard
6. Mother's Maiden Name, " " Lown
7. Mother's Birthplace, Washington City D. C.
8. Full Name of Father, Egbert P Maynard
9. Father's Occupation Paper Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. C. Rankin M D

Address, Waverly Station Baltimore Md

Remarks,

1893 0001158

month, and shall set forth as far as the same can be ascertained, the full name and place of birth; and the name, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, delivered, duly signed by the practitioner of health. In case the birth of any child said schedule shall be delivered month to the office of the Commissioner of midwifery, or should no other person be in third day of each and every instance of a physician or practitioner become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner, it shall be the duty of the person required, and attendance upon the mother, Commissioner of Health, in the event with the provisions of this section shall be sub- child to report its birth to the Commissioner hereafter fail to comply any such person or persons who shall be guilty of other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 46194

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 5, 93
4. Place of Birth, (Street and Number)	115 W. Lombard
5. Full Name of Mother,	Laura Fisher.
6. Mother's Maiden Name,	Unk.
7. Mother's Birthplace,	Not known
8. Full Name of Father,	" "
9. Father's Occupation,	" "
10. Father's Birthplace,	W. Wayland Frames.
Name of Medical Attendand, or other person who makes this Return.	115 W. Lombard.
Address,	
Remarks,	

1893 0001159

been conferred; its sex, color, the full name and occupation of its parents, the date and place of its birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	F 5th 1893
4. Place of Birth, (Street and Number)	# 287 Cedar Ave
5. Full Name of Mother,	Alverda L. Richards
6. Mother's Maiden Name,	" " Sanders
7. Mother's Birthplace,	Harford Co Md
8. Full Name of Father,	Isaac N. R. Richards
9. Father's Occupation	Teamster
10. Father's Birthplace,	Baltimore Co Md
Name of Medical Attendant, or other person who makes this Return,	R. G. Rankin M.D.
Address,	Waverly Station Balto. Md
Remarks,	

1893 0001160

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 9-5-56

RETURN OF A BIRTH. A 46196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Louisa ~~Mayfield~~ 2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W Lite
3. *Date of Birth,* Feb 5th 1893
4. *Place of Birth, (Street and Number)* # 18 Reed St Waverly
5. *Full Name of Mother,* Mary J ~~Marshal~~ ~~Mayfield~~ Marshall
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward H ~~Marshal~~ Mayfield
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, Waverly Station Balto md

Remarks,

8930001161

Wm. J. C. Dulany Co., City Printers and Stationers

A 46197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 6. 93
4. Place of Birth, (Street and Number)	115 W. Lombard
5. Full Name of Mother,	Bertha Clayton
6. Mother's Maiden Name,	~~~
7. Mother's Birthplace,	S.C.
8. Full Name of Father,	Not known
9. Father's Occupation,	" "
10. Father's Birthplace,	" "
Name of Medical Attendant, or other person who makes this Return.	W. Wayland Frames
Address,	115 W. Lombard.
Remarks,	

8 9 3 0 0 0 1 1 6 2

been conferred, the sex, color, the full name and occupation of the parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46198.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Negro
3. Date of Birth,	Feb. 6. '93
4. Place of Birth, (Street and Number)	115 W. Lombard
5. Full Name of Mother,	Susie James
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	Md
8. Full Name of Father,	Wm Jamison
9. Father's Occupation,	" "
10. Father's Birthplace,	" "
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames.
Address,	115 W. Lombard.
Remarks,	

1893

8930001163

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46199

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Negro
3. Date of Birth,	Feb. 9, 93
4. Place of Birth, (Street and Number)	115 W. Lombard
5. Full Name of Mother,	Jane Thomas.
6. Mother's Maiden Name,	Md.
7. Mother's Birthplace,	Not known.
8. Full Name of Father,	" "
9. Father's Occupation,	" "
10. Father's Birthplace,	" "
Name of Medical Attendant, or other person who makes this Return.	W. Wayland Frames.
Address,	115 W. Lombard.
Remarks,	

8 9 3 0 0 0 1 1 6 4

1893

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46199½

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Negro
3. Date of Birth,	Feb. 9. '93
4. Place of Birth, (Street and Number)	115 W. Lombard
5. Full Name of Mother,	Jane Thomas
6. Mother's Maiden Name,	Md
7. Mother's Birthplace,	Not known
8. Full Name of Father,	" "
9. Father's Occupation,	" "
10. Father's Birthplace,	" "
Name of Medical Attendant, or other person who makes this Return.	W. Wayland Francis.
Address,	115 W. Lombard.
Remarks,	

8930001165

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be duly signed by the practitioner in the form of A certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 16200.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Negro.
3. Date of Birth,	Feb. 12 '93
4. Place of Birth, (Street and Number)	115 W. Lombard
5. Full Name of Mother,	Anna Hawk.
6. Mother's Maiden Name,	Md.
7. Mother's Birthplace,	Not known
8. Full Name of Father,	" "
9. Father's Occupation,	" "
10. Father's Birthplace,	W. Wayland Frames
Name of Medical Attendant, or other person who makes this Return,	115 W. Lombard.
Address,	
Remarks,	

8930001166

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46701.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 14, '93
4. Place of Birth, (Street and Number)	115 W. Lombard
5. Full Name of Mother,	Mary Smith
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Delaware.
8. Full Name of Father,	Not Known.
9. Father's Occupation,	" "
10. Father's Birthplace,	" "
Name of Medical Attendant, or other person who makes this Return.	W. Wayland Frame.
Address,	115 W. Lombard.
Remarks,	

8930001167

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14620

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Colin Mackenzie Moore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — Fifth

1. Sex (~~state whether~~ Male or ~~Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 14. 1893
4. Place of Birth (Street and Number) 2[illegible] S. Pine.
5. Full Name of Mother Lucy F. L. Moore
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father John Moore
9. Father's Occupation Merchant.
10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this return — Dr Braden Mc[illegible] 2105 N Calvert St

Address

Remarks

8930001168

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13

RETURN OF A BIRTH A 146203.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 15.-93
4. *Place of Birth, (Street and Number)*	115 W. Lombard
5. *Full Name of Mother,*	Margarete McCay
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	md
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	W. Wayland Frame
Address,	115 W. Lombard
Remarks,	

8930001169

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Feb. 16-93
4. Place of Birth, (Street and Number) 115 W. Lombard
5. Full Name of Mother, Maria Sturgis
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father, Not known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. W. Wayland Frames

Address, 115 W. Lombard

Remarks,

8 9 3 0 0 0 1 1 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46305.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 1893

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Female.
3. *Race or Color, (if not of the white race)* Negro.
4. *Date of Birth,* Feb. 21 93
5. *Place of Birth, (Street and Number)* 115 W. Lombard
6. *Full Name of Mother,* Ella Smith
7. *Mother's Maiden Name,* ——
8. *Mother's Birthplace,* Md.
9. *Full Name of Father,* Not known
10. *Father's Occupation,* " "
    Father's Birthplace, " "
    Name of Medical Attendant, or other person who makes this Return, W. Wayland Frames.
    Address, 115 W Lombard.
    Remarks,

6 9 3 0 0 0 1 1 7 1

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth in the certificate the name, the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the name and occupation of its parents

RETURN OF A BIRTH. 4206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 21st 1893
4. Place of Birth, (Street and Number) 245 Washington st Homestead
5. Full Name of Mother, Agneta Waldschmidt
6. Mother's Maiden Name, " Bunn
7. Mother's Birthplace, Balto. Co Md
8. Full Name of Father, Louis Waldschmidt
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M D

Address, Waverly Station Balto Md

Remarks,

8930001172

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 11207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	Negro.
3. Date of Birth,	Feb. 2d. '93
4. Place of Birth, (Street and Number)	115 W. Lombard
5. Full Name of Mother,	Mary Jones.
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Not known.
9. Father's Occupation,	" "
10. Father's Birthplace,	" "
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames
Address,	115 W. Lombard.
Remarks,	

8 9 3 0 0 0 1 1 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1/6208.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	Negro
3. Date of Birth,	Feb. 28. 93
4. Place of Birth, (Street and Number)	115 W. Lombard.
5. Full Name of Mother,	Mary Hennis
6. Mother's Maiden Name,	Md.
7. Mother's Birthplace,	Not Known
8. Full Name of Father,	" "
9. Father's Occupation,	" "
10. Father's Birthplace,	W. Wayland Francis.
Name of Medical Attendant, or other person who makes this Return.	115 W. Lombard.
Address,	
Remarks,	

8 9 3 0 0 0 1 1 7 4

month, and shall set forth as far as the same can be ascertained the name, the sex, the color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1893

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	Feb. 28. 93
4. *Place of Birth, (Street and Number)*	115 W. Lombard.
5. *Full Name of Mother,*	Frances Wright.
6. *Mother's Maiden Name,*	Ind.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Not known.
9. *Father's Occupation,*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Travers.
Address,	115 W. Lombard.
Remarks,	

8 9 3 0 0 0 1 1 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 2nd 1893
4. Place of Birth, (Street and Number) 207 Oxford St.
5. Full Name of Mother, Fannie Tilghman
6. Mother's Maiden Name, Fannie Wallace
7. Mother's Birthplace, Baltimore City Maryland
8. Full Name of Father, Charles E. Tilghman Jr.
9. Father's Occupation Porter
10. Father's Birthplace, St. Michael Md.

Name of Medical Attendant, or other person who makes this Return, Hester Lorance

Address, 509 St. Preston St.

Remarks,

8930001176

...Health. This return is to be made out in duplicate, and the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner of midwifery, or the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such attendance upon the mother, immediately after birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 2nd 1893

4. Place of Birth, (Street and Number) 614 E. Baker St.

5. Full Name of Mother, Martha E. Hopkins

6. Mother's Maiden Name, Hart

7. Mother's Birthplace, Carroll Co. Md.

8. Full Name of Father, Wm. H. Hopkins

9. Father's Occupation Blacksmith

10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return. J. T. Christian M.D.

Address,

Remarks,

0930001177

1893

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46 N.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 5th February 1893

4. Place of Birth, (Street and Number) 803 North Hill Ave.

5. Full Name of Mother, Mary E. Lee

6. Mother's Maiden Name, Mary E. Brown

7. Mother's Birthplace, Harford County Md.

8. Full Name of Father, Jacks Lee

9. Father's Occupation Grain carrier

10. Father's Birthplace, Harford Co. Maryland

Name of Medical Attendant, or other person who makes this Return, Hester Colance

Address, 509 N. Preston St.

Remarks,

8 9 3 0 0 0 1 1 7 8

Health. This schedule shall contain a list of the births within the district during the month preceding the date of such return, and the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 16213.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Male. child.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth, 6 of February 1913.
4. Place of Birth, (Street and Number) No 584 Preston st.
5. Full Name of Mother, Maggie Schafer
6. Mother's Maiden Name, Maggie Keller
7. Mother's Birthplace, in Baltimore
8. Full Name of Father, Georg Schafer
9. Father's Occupation, Laborer
10. Father's Birthplace, in Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Midwife Theresa Hyde 538 Biddle alley

Remarks,

6930001179

GEO. A. S. SULANY & CO., CITY PRINTERS AND STATIONERS.

Note.—Fill out set forth as far as the same can be ascertained, the full name, sex, color, the date and place of birth; and the month, and shall set forth the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-T.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24. Feb 03

4. Place of Birth, (Street and Number) 295 Lanvale St.

5. Full Name of Mother, Ellen A. Lucas.

6. Mother's Maiden Name, McGovern

7. Mother's Birthplace, Balto.

8. Full Name of Father, Robt. C. Lucas

9. Father's Occupation Machinist

10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, J. D. Christian M.D.

Address,

Remarks,

1893 0001 180

Wm. J. C. Dulany Co., City Printers and Stationers

Form 10

Every birth, and shall set forth as far as the same can be ascertained the full name and sex, color, and the month; and shall set forth as far as the same can be ascertained the full name and sex, color, and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colo-
3. Date of Birth, Feb 13 93
4. Place of Birth, (Street and Number) 114 E Pr Stricker St
5. Full Name of Mother, Sophie M. Bass.
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Pa.
8. Full Name of Father, Louis Fox.
9. Father's Occupation Painter
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return, J. F. Christian M.D.

Address,

Remarks,

8930001181

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child of any child that may have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 16210.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irene Marie H. Wantisath

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb. 4 1953.

4. Place of Birth, (Street and Number) 2124 Orleans St.

5. Full Name of Mother, Mary Lily Contisarth

6. Mother's Maiden Name, Mast

7. Mother's Birthplace, Indiana Md.

8. Full Name of Father, Joseph E. Contisarth

9. Father's Occupation Carpenter Builder

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. Christian Chas.

NAME ADDED 5-5-54

Address,

Remarks, N.B.

* 8 9 3 0 0 0 1 1 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it enacted by the General Assembly of Maryland, That the parents, the date and place of birth, and the sex, color, and name of every child born in this State shall be recorded in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall set forth as far as the same can be ascertained, the date and place of birth, and the month; and shall set forth as far as the same can be ascertained, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the first and last marriage of the parents, and the number of children born to the mother, and how many of them are living, and the number of children born in wedlock, and the number born out of wedlock

RETURN OF A BIRTH. A 4617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) Orbita

3. Date of Birth, Feb. 16/93.

4. Place of Birth, (Street and Number) 1928 Druid Hill Ave.

5. Full Name of Mother, Sarah Ida Sheffall.

6. Mother's Maiden Name, Hodgae.

7. Mother's Birthplace, Savannah Ga.

8. Full Name of Father, Lehae H. Sheffall

9. Father's Occupation Mangr. Schultz Gae Fixture Mang. Co.

10. Father's Birthplace, Ga.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address,

Remarks,

1893 0001183

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 1678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the names which may be given to each child, (if any shall have been conferred); its sex, color, the full name of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or practicioner in attendance, or if no such officer or practicioner shall occur without the mother, immediately thereafter, in the manner and within the period above required, and attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recoverable as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th September 1893
4. Place of Birth, (Street and Number) Alice M. Lindsay.
5. Full Name of Mother, Butterfield
6. Mother's Maiden Name, Saratoga N.Y.
7. Mother's Birthplace, Wm C. Lindsay
8. Full Name of Father, Tailor
9. Father's Occupation, Philadelphia Pa
10. Father's Birthplace, C. Christian U.S.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1893000184

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. A. 46219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child.

1. Sex, (state whether male or female) Male child.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth, 18 of February 1893.
4. Place of Birth, (Street and Number) 1823 Brunt st
5. Full Name of Mother, (Mary Whipfield) Mary Weippert
6. Mother's Maiden Name, (Mary Mayer) Mary Mayers
7. Mother's Birthplace, in Baltimore
8. Full Name of Father (Andrew Whipfield) Andrew Weippert
9. Father's Occupation, a Grocer
10. Father's Birthplace, in Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Midwife Theresa Gelle 535 Biddle

Remarks, Full name of child - George R. Weippert alley

1893 0001185

PUB. J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 46770.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 21st of February 1893.
4. Place of Birth, (Street and Number) No 1816 Brunt st
5. Full Name of Mother, Ella Mullins
6. Mother's Maiden Name, Ella Barns
7. Mother's Birthplace, Howard county
8. Full Name of Father, Charles Mullins.
9. Father's Occupation, Stone mason
10. Father's Birthplace, Baltimore county

Name of Medical Attendant, or other person who makes this Return.

Address, Midwife Thomas Gallant No 535 Biddle alley

Remarks,

8930001186

GEO. A. O. FULANY & CO., CITY PRINTERS AND STATIONERS.

All births shall be registered as soon as practicable after birth, and shall set forth as far as the same can be ascertained the name, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the name, the date and place of birth; and the name and occupation of its parents

CERTIFICATE CORRECTED 1-17-55 A 4671

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Alma Irene Wherley 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 22 1953
4. Place of Birth, (Street and Number) 2105 Division St.
5. Full Name of Mother, Vera S. (Corbin) Wherley
6. Mother's Maiden Name, Fees
7. Mother's Birthplace, Cecil Co Md
8. Full Name of Father, William A. (Corbin) Wherley
9. Father's Occupation Motor Coach Operator
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address,

Remarks,

8930001187

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 26th 1893
4. *Place of Birth, (Street and Number)* 945 Druid Hill Ave.
5. *Full Name of Mother,* Ellen Handy
6. *Mother's Maiden Name,* Ellen Waters
7. *Mother's Birthplace,* Princess Anne Md.
8. *Full Name of Father,* Thomas Handy
9. *Father's Occupation* Hostler
10. *Father's Birthplace,* Princess Anne Md.

Name of Medical Attendant, or other person who makes this Return, Hester Gadance

Address, 509 N. Preston St.

Remarks,

8930001188

Health. This schedule shall contain a list of the names of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, February 2 1894

4. Place of Birth, (Street and Number) 2 Bond St. City

5. Full Name of Mother, Katharina Saman

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jean Saman

9. Father's Occupation Hairdresser

10. Father's Birthplace, Egypt

Name of Medical Attendant, or other person who makes this Return, Marie Troll

Address, 2 Bond St. 633

Remarks,

8930001189

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 1675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	30 inst
4. *Place of Birth (Street and Number),*	1647 - E Monument St
5. *Full Name of Mother,*	Annie A Price
6. *Mother's Maiden Name,*	annie A Maggen
7. *Mother's Birthplace,*	Baltimore MD
8. *Full Name of Father,*	James M Price
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary E Price
Address,	1630 Ashland ave
Remarks,	

This schedule shall contain the full name of each child, if any shall have been born, as far as the same can be ascertained the full name of each child, if any shall have been born, and shall set forth

RETURN OF A BIRTH.

A 4677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Fine

1. *Sex, (state whether male or female)* Knecher
2. *Race or Color, (if not of the white race)* Vajs
3. *Date of Birth,* 5 Februar
4. *Place of Birth, (Street and Number)* L. Dallas str 859
5. *Full Name of Mother,* Louise Seupert
6. *Mother's Maiden Name,* Louise M. Kukat
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* E. Seupert
9. *Father's Occupation* Germany Arbajter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Marie Prell

Address,

Remarks, L. Bond str 832

8930001191

Health. This return must be made as soon as can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 46777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 8th 93
4. Place of Birth, (Street and Number) 110 Monroe st
5. Full Name of Mother, Mrs Jenie Miller
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Father miller
9. Father's Occupation, Butcher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Barber

Address, 46 East York street

Remarks,

8930001192

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the place and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 8/93
4. Place of Birth, (Street and Number) 304 S. Dring St
5. Full Name of Mother, Annie Christina Clark Hay
6. Mother's Maiden Name, —
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Edw. R. Clark
9. Father's Occupation, Paperbox Cutter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Fred W Nelson M D

Address, 1721 Canton Av

Remarks,

1893 0001193

MA 189

...shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been registered in the office of the Commissioner of Health. In case no other person be in said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and immediately thereafter it shall become the duty of the person above required, and attendance upon the mother. Immediately thereafter it shall be the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 46729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name- William E Cook

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 11 — 23
4. Place of Birth, (Street and Number) 1805 E. Charles St.
5. Full Name of Mother, Mattie Cook.
6. Mother's Maiden Name, " Gleason
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, William E Cook.
9. Father's Occupation R. R. Engineer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. M. Lumpkin M.D.

Address, 640 W. Barre St.

Remarks,

8930001194

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	11 of February
4. *Place of Birth, (Street and Number)*	916 Cedar Court
5. *Full Name of Mother,*	Cora Dorsey
6. *Mother's Maiden Name,*	Cora Smith
7. *Mother's Birthplace,*	Ministry Mills Md
8. *Full Name of Father,*	Charley Dorsey
9. *Father's Occupation*	preacher
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Dr Silester Cook
Address,	744 Braddle st
Remarks,	

1893000195

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 12 1893
4. *Place of Birth, (Street and Number)* 1218 Madison Ave
5. *Full Name of Mother,* Theresa Henry
6. *Mother's Maiden Name,* " Gracin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos J Henry
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. J J Spicknall M D

Address, 14 N Patterson Pk Ave

Remarks, (413) I am uncertain if I have made this return before or not Respt J J Spicknall

8930001196

Health. This schedule shall contain a true statement of the full name of each child born, the sex and the color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth; and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 46737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 17 1893
4. Place of Birth, (Street and Number) 1734 Alice Ann St
5. Full Name of Mother, Rachel Block
6. Mother's Maiden Name, " Apfelfeld
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Block
9. Father's Occupation, Barber
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Fred. W. Kerber, M.D.

Address, 1721 Caulon av.

Remarks,

8 9 3 0 0 0 1 1 9 7

... set forth as far as the same can be ascertained the full name of each child, sex, color, date of birth; and the month, and shall set forth its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child been conferred) to the office of the Commissioner of Midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or persons of such attendance upon the mother immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply jected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. KLAUS CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 46782.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 18th 1893
4. *Place of Birth, (Street and Number)*	2021 Hanover St
5. *Full Name of Mother,*	Ella E. Bradley
6. *Mother's Maiden Name,*	Ella E. Petty
7. *Mother's Birthplace,*	Groesbridge S. Md.
8. *Full Name of Father,*	Byers L. Bradley
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Harford Co Md.
Name of Medical Attendant, or other person who makes this Return,	E. H. Beers.
Address,	1828 Light St.
Remarks,	Long well

+ 8 9 3 0 0 0 1 1 9 8

Health. This schedule shall contain a list of the births which have occurred since the last return, and if any shall have been omitted in any previous return, the name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

46734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Febry. 19th 1893
4. Place of Birth, (Street and Number) 2206 Ething St
5. Full Name of Mother, Mary Butler
6. Mother's Maiden Name, "
7. Mother's Birthplace, Charles Co. Md
8. Full Name of Father, John Butler
9. Father's Occupation, Driver.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah E Dee

Address, 2206 Ething St.

Remarks,

1893 1893000199

Wm J C Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name, [illegible], of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 3-8-65

RETURN OF A BIRTH. A 46735.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Carlton Gustav Adolph Gunther

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 20 — 93.
4. Place of Birth, (Street and Number) 664 W. Lee St
5. Full Name of Mother, Elizabeth Gunther
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick J. Gunther
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Thos. M. Lumpkin M.D.

Address, 640 W. Baltimore St

Remarks,

Filed: 3/17/1893

1893000200

This schedule shall contain a list of the births which have occurred since the last return, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

A 46326

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22 February 1893
4. *Place of Birth, (Street and Number)*	1219 Johnson St
5. *Full Name of Mother,*	Lora Fowler
6. *Mother's Maiden Name,*	Lora Katsara
7. *Mother's Birthplace,*	Norfolk Va
8. *Full Name of Father,*	William Fowler
9. *Father's Occupation*	Rail Roader
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	E L Brooks
Address,	1828 Light St
Remarks,	Doing Well

18930001201

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March - 25
4. *Place of Birth, (Street and Number)*	Baltimore - 624 Margaret
5. *Full Name of Mother,*	Lucy Hughes
6. *Mother's Maiden Name,*	Lucy Hopkins
7. *Mother's Birthplace,*	Peters Burg Virginia
8. *Full Name of Father,*	Daniel Hughes
9. *Father's Occupation,*	Laborer Cambridge
10. *Father's Birthplace,*	Dorchester Co Md
Name of Medical Attendant, or other person who makes this Return.	627 Chinn Street
Address,	Irving Wall
Remarks,	

1893 000 1202

The schedule shall contain a list of the births which have occurred since the last return of each child, if any shall have been omitted, and shall set forth as far as the same can be ascertained the full name of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of the

RETURN OF A BIRTH. A. 46308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Feb 26 1893
4. Place of Birth, (Street and Number)	514 Gold str.
5. Full Name of Mother,	Henrietta Matthews
6. Mother's Maiden Name,	Henrietta Wallace
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Jos. Wilson Matthews
9. Father's Occupation,	Driver
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Sarah E. Nott
Address,	2206 Etting St.
Remarks,	

1893.0001203

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 46239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Feb 26 '93
4.	*Place of Birth, (Street and Number)*	1759 N Eutaw St
5.	*Full Name of Mother,*	Elizabeth J. James
6.	*Mother's Maiden Name,*	Elizabeth James
7.	*Mother's Birthplace,*	England
8.	*Full Name of Father,*	Louder James
9.	*Father's Occupation,*	Saloon-Keeper
10.	*Father's Birthplace,*	England
	Name of Medical Attendant, or other person who makes this Return,	H. J. Watson
	Address,	1519 N. Broadway
	Remarks,	

1893000 1204

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46240.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	26, Feb. 1873
4. *Place of Birth, (Street and Number)*	1921 Brunt St
5. *Full Name of Mother,*	Julia Thomas
6. *Mother's Maiden Name,*	Pleas
7. *Mother's Birthplace,*	annarel co Md
8. *Full Name of Father,*	Samuel Thomas
9. *Father's Occupation*	Laborn
10. *Father's Birthplace,*	Annarel, Co Md
Name of Medical Attendant, or other person who makes this Return,	Mary E Jones
Address,	1121 Saratoga St
Remarks,	

8930001205

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 4624.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	2/
4. *Place of Birth, (Street and Number)*	814 Stockholm
5. *Full Name of Mother,*	Margaret Sorrell
6. *Mother's Maiden Name,*	Margaret Wilson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Sorrell
9. *Father's Occupation,*	Colored
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Grace Harris ~~814 Stockholm~~
Address,	817 Stockholm
Remarks,	8930001206

This schedule shall contain a list of the births which have occurred in the family of each householder, and the full name of each child, if any shall have been christened. This schedule shall be filled out by the householder, or by the midwife, or by the physician in attendance upon the mother, immediately after the birth of each child, and the same shall be delivered, duly signed by the respective parties, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or persons required, and aforesaid schedule shall be delivered each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or persons required, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the respective parties, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or persons required, and aforesaid schedule shall be delivered each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of each child, it shall be

RETURN OF A BIRTH.

4624

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name nativity, and residence of the parents, and the maiden name of the mother of each child or children

	Phyllis Irene Clapp.
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July 27th 93
4. Place of Birth (Street and Number)	Columbia aven Cor Cross St
5. Full Name of Mother	Hattie Clapp.
6. Mother's Maiden Name	Hattie
7. Mother's Birthplace	Quincy Mass.
8. Full Name of Father	Henry H. Clapp.
9. Father's Occupation	Stone Cutter.
10. Father's Birthplace	New Hampshire.
Name of Medical Attendant, or other Person who makes this Return.	Archer A Hinton
Address	No 2 107 Maryland aven
Remarks	GIVEN NAME ADDED 1-28-54 h.m

8930001207

RETURN OF A BIRTH

No. 46243.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	February 27th 93.
4. Place of Birth, (Street and Number)	1520 ashland ave.
5. Full Name of Mother,	Annie Teresa Hunt
6. Mother's Maiden Name,	A. T. Piercy
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Charles C. Hunt
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Charles H. A. Heyn M.D.
Address,	1019 N. Caroline str.
Remarks,	

1893 0001208

Health. This schedule shall contain as far as the same can be ascertained the full name of each child born, the sex, color, the month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife, or other person in attendance at the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of medicine the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of either of the persons above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 46244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	F
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Feb 27 1873
4. *Place of Birth, (Street and Number)*	2406 Madison Ave
5. *Full Name of Mother,*	Mrs Grace Lewin
6. *Mother's Maiden Name,*	Cullings
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Jesse J. Lewin
9. *Father's Occupation,*	Stockkeeper
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	W. R. Winslow
Address,	1900 Mt Royal Terrace
Remarks,	

This schedule shall contain a list of the births which occur in the family of each householder, and the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. K. BULLARY & CO., CITY PRINTERS AND STATIONERS.

8 9 3 0 0 0 1 2 0 9

RETURN OF A BIRTH A 1093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W hite
3. *Date of Birth,*	28 February 1893
4. *Place of Birth, (Street and Number)*	209 E Hamburg st
5. *Full Name of Mother,*	Nellie Gordon
6. *Mother's Maiden Name,*	Nellie Miller
7. *Mother's Birthplace,*	Dorchester Co Md
8. *Full Name of Father,*	Travis Gordon
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Dorchester Co Md
Name of Medical Attendant, or other person who makes this Return,	C A Brooks
Address,	1528 Light St
Remarks,	[illegible]

1 8 9 3 0 0 0 1 2 1 0

register of such births, and shall enter the same on blanks to be furnished by the Commissioner of Health. Every physician or midwife who shall attend upon any birth occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and be within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 46246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

21

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 28th 1893.
4. Place of Birth, (Street and Number) 512 Lemmon st.
5. Full Name of Mother, Mrs. H Fowler.
6. Mother's Maiden Name, Mrs Straus.
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm. H Fowler.
9. Father's Occupation, Steam Boat Agt.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. C. H. Hitchins

Address, 714 N. Howard

Remarks,

This schedule shall contain a list of the births [illegible] the full name of each child (if any shall have been entered), its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the [illegible] and shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child said schedule shall every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8930001211

register of such birth, and shall on the first day of each month make a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth person to be in attendance upon the mother, immediately thereafter it shall be her and within the period above required, and shall occur without the attendance of a physician or practioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 14677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 29 Sep. 1893
4. *Place of Birth, (Street and Number)* 948 Eastman St
5. *Full Name of Mother,* Annie Watkins
6. *Mother's Maiden Name,* Douglass
7. *Mother's Birthplace,* Prince George, Co Md
8. *Full Name of Father,* Geo. H. Watkins
9. *Father's Occupation* Butler
10. *Father's Birthplace,* Prince George Co Md

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1121 Saratoga st

Remarks,

8 9 3 0 0 0 1 2 1 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	eight
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Bo. Feb. 1873
4. *Place of Birth, (Street and Number)*	1029 Pierce st
5. *Full Name of Mother,*	Jane Butler
6. *Mother's Maiden Name,*	Wise
7. *Mother's Birthplace,*	Eastern Shore Va
8. *Full Name of Father,*	Charles Butler
9. *Father's Occupation*	Public work
10. *Father's Birthplace,*	Eastern Shore Va
Name of Medical Attendant, or other person who makes this Return,	Mary E Jones
Address,	1121 Saratoga st
Remarks,	

6 9 3 0 0 0 1 2 1 3

register of such births, and shall contain a list of the births which have occurred, under his or her care, since the last return. This schedule

RETURN OF A BIRTH. A 46249.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 1st 93
4. *Place of Birth, (Street and Number)* 17 S. Eden St.
5. *Full Name of Mother,* Jos.
6. *Mother's Maiden Name,* Ollmann
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Frank
9. *Father's Occupation* Cap maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Jno P Hale

Address, 07 S Eagle St.

Remarks,

8 9 3 0 0 0 1 2 1 4

register of such birth, and shall enter the same on the said register under his or her care during the month. And shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46750.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	M.
2. Race or Color, (if not of the white race)	W.
3. Date of Birth,	Feb. 4th 1893.
4. Place of Birth, (Street and Number)	2441 N. Charles St.
5. Full Name of Mother,	Mary L. Muller
6. Mother's Maiden Name,	Jackson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	F. Kelso Muller
9. Father's Occupation	Upholster
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	H. T. Reynolds M.D.
Address,	2004 St. Paul St.
Remarks,	

1893 0001215

Health. This schedule shall contain a list of the births which occur in each family, and the full name of each child, (if any shall have been born since the last return,) as well as the name can be ascertained; the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the name conferred; its sex, color, the full name and residence of the physician or midwife, if any, present at the birth. In case the birth of any child has been delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practioner of midwifery, or the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, or shall no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 4675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 7 1900
4. *Place of Birth, (Street and Number)* 204 S High St.
5. *Full Name of Mother,* Minnie
6. *Mother's Maiden Name,* Cohen
7. *Mother's Birthplace,* Wilna
8. *Full Name of Father,* Louis Cordman
9. *Father's Occupation* Cloak maker
10. *Father's Birthplace,* Wilna

Name of Medical Attendant, or other person who makes this Return Mrs. A. Stolz

Address, 207 S. High St.

Remarks,

8 9 3 0 0 0 1 2 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such births. Such schedule shall contain a list of the births which have occurred since the date of the last preceding return, and shall contain a list of the births which have occurred since the date of the last preceding return, and shall have been concealed, duly signed by the practitioner in the form of a certificate between the first and the full name of each child, if any shall have been conferred, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, and shall set forth as far as the same can be ascertained the full name, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the said schedule

RETURN OF A BIRTH. A 1/6257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Creek
3. *Date of Birth,* Feb. 11th, 1898
4. *Place of Birth, (Street and Number)* Md. Lying-in Hospital
5. *Full Name of Mother,* Jennie Johnson
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton, M.D. Maryland General Hospital

Address,

Remarks,

8 9 3 0 0 0 1 2 1 7

Wm J C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same is known the name and occupation of its parents, the date and place of birth; and the full name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its

RETURN OF A BIRTH. A-46753.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as practicable the full name and occupation of its parents, the date and place of birth; and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred by the practitioner in the form of a certificate between the first and paid schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and in like manner and within the period above required, and child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 11th 1893
4. Place of Birth, (Street and Number) Md. Lying-in Hospt.
5. Full Name of Mother, Hannah Wilson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Va.
8. Full Name of Father, Jas Brown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton. M.D Maryland General Hospital

Address,

Remarks,

1893 0001218

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	M.
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Feb. 16th 1893.
4. *Place of Birth, (Street and Number)*	617 N. Carrollton Av.
5. *Full Name of Mother,*	Marie Kroeger.
6. *Mother's Maiden Name,*	Wagner
7. *Mother's Birthplace,*	Washington, D.C.
8. *Full Name of Father,*	Wm. J. Kroeger
9. *Father's Occupation*	Manufacturer
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	N. J. Reynolds M.D.
Address,	2004 St. Paul St.
Remarks,	

1893

1893000121 9

Health. This schedule shall contain a list of the births [illegible] the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner or Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and conditions of this section shall be subany such person or persons who shall neglect or refuse to comply with the [illegible] fines and forfeitures are recoverable jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A-46253.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 19th 1893
4. Place of Birth, (Street and Number) Md. Lying-in Hosp.
5. Full Name of Mother, Ella Lucas
6. Mother's Maiden Name, "
7. Mother's Birthplace, Va.
8. Full Name of Father, Not known
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton M.D. Maryland General Hospital

Address,

Remarks,

1893 00012220

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. [illegible] so far as the same can be ascertained the full name, sex, color, date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth; and the occupation of its parents, the date and place of their marriage, and the number of children born to each parent, and whether been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person in charge of the case, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be received as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 16356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall on the ... of the births which have occurred since the ... of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Feb 21st 93.
4. *Place of Birth, (Street and Number)* Md. Lying-in Hospital
5. *Full Name of Mother,* Florence Osborne
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Pa.
8. *Full Name of Father,* Not known
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Wilmer Barrow M.D. Maryland General Hospital

Address,

Remarks,

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

8930001221

RETURN OF A BIRTH. A 11637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Feb. 22nd 93.
4. Place of Birth, (Street and Number) Md. Lying-in Hosp.
5. Full Name of Mother, Carrie Robinson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D. Maryland General Hospital

Address,

Remarks,

register of such births, and shall retain a list of the births which have occurred under his care; if any shall have been conferred, he shall ascertain the full name of each child. (If any shall have been conferred, he shall ascertain the full name of each child. (If any shall have Health. This schedule shall contain a list of the births which have occurred under his care; if any shall have Health. This schedule shall contain a list of the births which have occurred under his care; if any shall have been conferred, he shall ascertain the full name of each child. (If

RETURN OF A BIRTH. A 46258.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 25th 1893.
4. Place of Birth, (Street and Number) Md. Lying-in Hospital
5. Full Name of Mother, Rosa Wagner
6. Mother's Maiden Name, --
7. Mother's Birthplace, Md.
8. Full Name of Father, Not known
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wolman Brenlow M.D
Address, Maryland General Hospital
Remarks,

1893 0001223

The register of each birth district shall contain a list of the births which have occurred therein, and the midwife or other person in attendance upon any birth shall have register of each birth district shall contain a list of the births which have occurred therein, and the midwife or other person in attendance upon any birth shall have Health. This schedule shall contain a list of the births which have occurred under his or her charge, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the parent or parents of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GEO. J. GUSKY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 40259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	M & F.
2. Race or Color, (if not of the white race)	W.
3. Date of Birth,	Feb 1st 1893
4. Place of Birth, (Street and Number)	1653 E. Monument St.
5. Full Name of Mother,	Mary Frisby
6. Mother's Maiden Name,	Dixon
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Geo A. Frisby
9. Father's Occupation	Butter Dealer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	H. P. Reynolds, M.D.
Address,	2004 St. Paul St.
Remarks,	Twin Pregnancy 3 yrs. ago. 2 girls.

1893000 1224

This schedule shall contain a list of the births which have occurred in each family during the month, and shall have been entered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 4/7/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 19=93
4. Place of Birth, (Street and Number) 1710 N. Franklin St.
5. Full Name of Mother, Bertie Botelen
6. Mother's Maiden Name, Dodson
7. Mother's Birthplace, U. S. Co. Md
8. Full Name of Father, Henry L. Botelen
9. Father's Occupation, Patrolling Policeman
10. Father's Birthplace, U. S. Co. Md

Name of Medical Attendant, or other person who makes this Return. John Kopp M.D. 70 N. Caroline Ave

Address,

Remarks,

1893 0001225

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46261.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 13: 1893
4. Place of Birth, (Street and Number) 113 Wagner Ave
5. Full Name of Mother, Emily Parker
6. Mother's Maiden Name, " Lawrence
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel M. Parker
9. Father's Occupation, Comission Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. P. C. Williams

Address, 1128 Cathedral St

Remarks,

8 9 3 0 0 0 1 2 2 6

register of each birth, and shall within the first ten days of each month report to the Registrar of Vital Statistics the births which have occurred in his district during the preceding month, and the full name of each child. (if any shall have been christened) its sex, color, the date and place of birth; and the name, residence and occupation of its parents, the date and place of birth of the first and third day of each and every month to the office of the Commissioner of Health, or should no other person such attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 146282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 17: 93
4. Place of Birth, (Street and Number) 1711 Edmondson Ave
5. Full Name of Mother, Emma Pearson
6. Mother's Maiden Name, Lobe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry B. Pearson
9. Father's Occupation, Laborer & Oyster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. A. C. Williams

Address, 1128 Cathedral St

Remarks, Shoulder pres: difficult case Forceps to after coming head. Mother & Child well

6930001227

register of such birth, and shall contain a list of the births which have occurred in the family of each child. (If any shall have died within a month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ORIG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 187163.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 February 1873
4. Place of Birth, (Street and Number) 127 Hanover St.
5. Full Name of Mother, Bessie Flagman
6. Mother's Maiden Name, Hendler
7. Mother's Birthplace, Austria Prussia
8. Full Name of Father, Sam Flagman
9. Father's Occupation Tailor
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

1893000122 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

46264.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2/24/93
4. *Place of Birth, (Street and Number)*	E West st 3d East of James
5. *Full Name of Mother,*	Mary E Frank
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Jackson N.J.
8. *Full Name of Father,*	Nathaniel Frank
9. *Father's Occupation,*	Glass blower
10. *Father's Birthplace,*	Jackson N.J.
Name of Medical Attendant, or other person who makes this Return.	E Dorsey Ellis M.D.
Address,	915 Light st
Remarks,	The delay in reporting this case was an oversight. Thought it had been done long ago.

69 3 0 0 8 2 2 9

register of such birth, and shall enter the name of the child, if any shall have been determined upon, in the register of births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	Colored.
3. Date of Birth,	28th Feb.
4. Place of Birth (Street and Number),	523. Orchard ste Baltimore.
5. Full Name of Mother,	Mary Rebecca Johnson.
6. Mother's Maiden Name,	Mary " Hutchings.
7. Mother's Birthplace,	Baltimore City.
8. Full Name of Father,	Joseph Johnson.
9. Father's Occupation,	Sampler,
10. Father's Birthplace,	Baltimore County.
Name of Medical Attendant, or other person who makes this Return.	Edwin Abel.
Address,	1237 Ellwig ste.
Remarks,	

1893000230

The Baltimore Publishing Co., City Printers and Stationers

Every person having charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain the name and occupation of the parents, the date and place of birth, and the said schedule and shall set forth as far as the name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the person or parents of such any such person or persons mother. Immediately thereafter it shall become and within the period above required, and in the case of ten (10) dollars the Commissioner of Health, in the manner and provisions of this section shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46266

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

Health. This schedule shall contain a list of the births which have occurred since the ... day of the ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	July 24th 93
4. Place of Birth, (Street and Number)	1829 N. Chester St.
5. Full Name of Mother,	Mary E. Dignan
6. Mother's Maiden Name,	Parlett
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	John P. Dignan
9. Father's Occupation,	Letter Carrier
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	J. W. Hart M.D.
Address,	815 Jefferson Ave.
Remarks,	

1893000 1231

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-30-58

RETURN OF A BIRTH. A 16267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Angela Mitchell

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Feby. 27th 93.

4. Place of Birth, (Street and Number) 27 S. Calhoun St.

5. Full Name of Mother, Lillie M. Mitchell

6. Mother's Maiden Name, Lillie M. Parks

7. Mother's Birthplace, Va.

8. Full Name of Father, Hamilton E. Mitchell

9. Father's Occupation, Wood Dealer

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. W. S. Hurst

Address, 815 Jefferson Ave.

Remarks,

8 9 3 0 0 0 1 2 3 2

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1 46368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether male or ~~female~~),	F
2. Race or Color (if not of the white race),	White
3. Date of Birth,	February 27th 93
4. Place of Birth (Street and Number),	No 12 Madison (Homestead)
5. Full Name of Mother,	Lena Russell
6. Mother's Maiden Name,	McDonald
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jno Russell
9. Father's Occupation,	Marble Polisher
10. Father's Birthplace,	Baltimore Co
Name of Medical Attendant, or other person who makes this Return,	Dr Thomas Ireland
Address,	634 Gough St
Remarks,	

1 8 9 3 0 0 0 1 2 3 3

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 16771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 46271

1. Sex, (state whether male or ~~female~~) White
2. Race or Color, (if not of the white race)
3. Date of Birth, March 23
4. Place of Birth, (Street and Number) 1410 W. Lanvale
5. Name of Mother, Mary V. Henderson
6. Mother's Maiden Name, Linden
7. Mother's Birthplace, Md
8. Full Name of Father, Benjamin L Henderson
9. Father's Occupation Plasterer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Thomas F Kirk

Address,

Remarks,

8930001234

Any of each and every month to the office of the Commissioner of Health, in case the birth occurs without the attendance of a physician or practioner, the father, or, should no other person of the family be present at the birth, then the mother, shall report the birth to the Commissioner of Health, in the manner and form required by this section. Any such person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as debts of like amount are now recovered by law, and for the use of the City.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 1467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

46272

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) W
3. Date of Birth, March 1- 93
4. Place of Birth, (Street and Number) 1752 N Gay
5. Full Name of Mother, Laura Gross
6. Mother's Maiden Name, Cooper
7. Mother's Birthplace, Md
8. Full Name of Father, James Gross
9. Father's Occupation Painter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Jno. McCann

Address, 207 Edmondson Ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1893000235

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A4627

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 1, 1893
4. Place of Birth, (Street and Number)	1136 Pinkney St
5. Full Name of Mother,	Astridge Scott Bell
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James H. Scott
9. Father's Occupation,	Harness Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Edelgard M.D.
Address,	833 Columbia ave
Remarks,	

8930001236

...ections which the Board, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...J. S. GALAXY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 16274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1st 1893
4. Place of Birth, (Street and Number) #900 Bunny st
5. Full Name of Mother, Ida Virginia Rodgers
6. Mother's Maiden Name, Gardner
7. Mother's Birthplace, Balt. White Co. Va
8. Full Name of Father, William Joseph Rodgers
9. Father's Occupation, Engineman
10. Father's Birthplace, Princess Anne Co Va

Name of Medical Attendant, or other person who makes this Return, Sarah P. Harrington

Address, #927 Bunny st Canton

Remarks, 1893000 1237

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 1st 1893
4. Place of Birth, (Street and Number) Harrison Lane extended
5. Full Name of Mother, Hattie F Hockert
6. Mother's Maiden Name, Hattie F Ehrist
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alexander Hockert
9. Father's Occupation, Upholster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1893000 1238

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 46276.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 to 1
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	White
3. Date of Birth,	March 1st 1898
4. Place of Birth, (Street and Number)	110 Saffe court
5. Full Name of Mother,	Lizzie Devine
6. Mother's Maiden Name,	Garry
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Devine
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Caroline Moore
Address,	No 49. N. West st Balto
Remarks,	

attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6930001239

LAST & CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED. 6-6-57

RETURN OF A BIRTH. A 4677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Attillie Inge ~~Reiver~~ Reiver	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 & Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	1 March 1892
4. Place of Birth, (Street and Number)	131 Bank Street
5. Full Name of Mother,	Martha Reiver
6. Mother's Maiden Name,	Widow Martha Lammers
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Reiver
9. Father's Occupation	Cooper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Dilke
Address,	117 South Bond Street
Remarks,	

1893000 1240

Third day of each and every month by the Coroner of the City, or should no other person be in attendance of a physician or practioner of midwifery, or should no other person be in shall never without the attendance of a physician or practioner of midwifery, the duty of the person or parents of such immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 1st 1893
4. *Place of Birth, (Street and Number)*	No 235 Dallas street
5. *Full Name of Mother,*	Mollie Boston
6. *Mother's Maiden Name,*	Mollie Jackson
7. *Mother's Birthplace,*	Dorchester County Md
8. *Full Name of Father,*	John Thomas Jackson
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	St George Anna Brooks
Address,	No 1752 Mulliken
Remarks,	

1893 0001241

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

46779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	March 1/93
4.	*Place of Birth, (Street and Number)*	No 6 Hafmans Alley
5.	*Full Name of Mother,*	Willimie D Lyons
6.	*Mother's Maiden Name,*	Durham
7.	*Mother's Birthplace,*	Balto Md.
8.	*Full Name of Father,*	Andrew Lyons.
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Salisbury Md.
	Name of Medical Attendant, or other person who makes this Return,	Emily Jones
	Address,	No 1611 E. Charles St
	Remarks,	Yours Respectfully,

893 U 0001242

When a child and every mother of a child shall die, or be removed from the district, or in case of the sickness or other inability of the mother, the physician or practitioner of midwifery, or whoever shall have charge of the case, shall report the same within the time above required, and in like manner; and in case there shall be no physician or practitioner of midwifery, or whoever shall have charge of the case, then the duty of the person or parents of such third day of each and every month to the Commissioner of Health, as above required, and shall occur without the attendance of a physician or practitioner of midwifery, or whoever shall have charge of the case, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the birth to the Commissioner of Health, immediately thereafter; it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

1893 = 11

GIVEN NAME ADDED 10-1-54

RETURN OF A BIRTH.

46280.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Henry John Cox

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th "
1. Sex (state whether male or female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 1st 1873
4. Place of Birth (Street and Number)	1833 E. Chases St
5. Full Name of Mother	Carrie Francis Cox
6. Mother's Maiden Name	Carrie Francis Schmantz
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Samuel Repton Cox
9. Father's Occupation	Glass Blower
10. Father's Birthplace	Staffordshire England
Name of Medical Attendant, or other Person who makes this Return.	E. Fruchaw Jr M.D.
Address	526 E. Chase St
Remarks	

8930001243

RETURN OF A BIRTH. A 46283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the full name and occupation of its parents, the date and place of marriage, and the number of children born to the present mother, and how many of them are living, and how many dead; and shall be signed by the person or persons in charge of the mother during her confinement. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1 March 1893
4. *Place of Birth, (Street and Number)*	Andre Alley No 1410.
5. *Full Name of Mother,*	Clara Reinhardt
6. *Mother's Maiden Name,*	" Messerjean
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wilhelm Reinhardt
9. *Father's Occupation,*	Laber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Lizzie Eckhardt
Address,	Fairfield 1405
Remarks,	

6930001244

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 116784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1 March Jenson st. 1208
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Ernestine Weiland
6. Mother's Maiden Name, " Radzewsky
7. Mother's Birthplace, Germany.
8. Full Name of Father, Adolf Weiland
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Catharine Mason.

Address, Boston st. 1421. Locus Point.

Remarks,

8930001245

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-12-56

RETURN OF A BIRTH

46284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dorothy Gladys Seabrooke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 1 93

4. Place of Birth, (Street and Number) 1522 N. Durham

5. Full Name of Mother, Minnie F. [redacted] Seabrooke

6. Mother's Maiden Name, Marsh

7. Mother's Birthplace, Md

8. Full Name of Father, Clarence Seabrooke

9. Father's Occupation, Reporter

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return L. B. Schwatka

Address, 1003 N. Dug

Remarks,

8930

Sections 1.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore shall keep a true and correct register of each birth under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child if any shall have been christened, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the joint duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 4678.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W Lite
3. Date of Birth, March 1st 1893
4. Place of Birth, (Street and Number) # 621 Madison st Waverly
5. Full Name of Mother, Mary C. P. Linthicum
6. Mother's Maiden Name, " " " Glenn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Oliver R. Linthicum
9. Father's Occupation Machinest
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, R L Rankin M D

Address, Waverly Station Balto md.

Remarks,

8930001247

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name and occupation of the parents can be ascertained the date and place of birth; and the full name of each child, if any shall have been conferred; its sex, color, the full name by the practitioner in the form of a certificate between the first and Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth occurs in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. E 46286.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 1st 1893
4. *Place of Birth, (Street and Number)* 417 Richard St.
5. *Full Name of Mother,* Lucretia Holland
6. *Mother's Maiden Name,* Lucretia Garner
7. *Mother's Birthplace,* Baltimore City Md.
8. *Full Name of Father,* William D. Holland
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return, Hester E Lance

Address, 509 W. Preston St.

Remarks,

8930001248

Wm. J. C. Dulany Co., City Printers and Stationers.

Record of each birth shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 16757

Sex. Male No. of Child of Mother, 3

Race or Color. White

Date, March 1st 1893

Place of Birth, 1437 Cass St.

Full Name of Mother, Henrietta Buhl

Mother's Maiden Name, H Brenken

Mother's Birthplace, New York

Full Name of Father, Louis Buhl

Father's Occupation, Piano Maker

Father's Birthplace, Germany

Mr. Mary Morgan

1112 Scott St

18930001249

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 16788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 2nd 1893
4. *Place of Birth, (Street and Number)* 1811 Denmon st
5. *Full Name of Mother,* Lulu Owings
6. *Mother's Maiden Name,* Lulu Maguire
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* Edward Owings
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. M K Barnes M.D.

Address, 902 N Stricker

Remarks,

8930001250

GEO. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 41289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd of March 1893
4. *Place of Birth, (Street and Number)* Baltimore 104 Carlton St
5. *Full Name of Mother,* Mary Naughton
6. *Mother's Maiden Name,* Mary Welsh
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Timothy Naughton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks,

8930001251

Wm J C. Dulany Co., City Printers and Stationers.

A 46290.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2'
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	March 2/93
4.	*Place of Birth, (Street and Number)*	No 1216 William St
5.	*Full Name of Mother,*	Florence Eckardt
6.	*Mother's Maiden Name,*	" Jordan.
7.	*Mother's Birthplace,*	Balto Md.
8.	*Full Name of Father,*	William Eckardt.
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Balto Md.
	Name of Medical Attendant, or other person who makes this Return,	Annie Jeens.
	Address,	No 1603 S. Charles St
	Remarks,	Yours Respectfully,

8930001252

WM J. C. MULLAHY CO. CITY PRINTERS AND STATIONERS.

A 11791

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Second

1. *Sex.* (state whether male or female) Female
2. *Race or Color.* (if not of the white race) Colored
3. *Date of Birth.* March 2nd '99.
4. *Place of Birth.* (Street and Number) 694 Bradley St.
5. *Full Name of Mother.* Martha Greene.
6. *Mother's Maiden Name.* " Covington
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.* Wm. A. Greene.
9. *Father's Occupation.* Laborer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Amanda L. Ferrell, M.D.

Address, 57 Harlem Ave

Remarks,

6 9 3 6 0 0 1 2 5 3

...LANT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 14792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2nd March
4. *Place of Birth, (Street and Number)* 1217 High Alley
5. *Full Name of Mother,* Alice James
6. *Mother's Maiden Name,* Shea
7. *Mother's Birthplace,* Delaware
8. *Full Name of Father,* Fred James
9. *Father's Occupation* Can Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Ulbig

Address, 1302 E. Lexington st

Remarks,

8930001254

Wm. J. C. Dulany Co., City Printers and Stationers.

Onw

RETURN OF A BIRTH. A 46793.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: ~~Josephine~~ Birkel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2th 1893
4. Place of Birth, (Street and Number) No 1830 Hanover st
5. Full Name of Mother, Theresentea (~~Birkel~~) Birkel
6. Mother's Maiden Name, Theresentea Hafner
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph (~~Birkel~~) Birkel
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 Byrd st

Remarks,

1893000125 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Rules. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

16794.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	2nd of March
4. Place of Birth, (Street and Number)	No 90 Lexington St
5. Full Name of Mother,	Mary Ann Smith
6. Mother's Maiden Name,	Mary Ann Gleason
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	James Smith
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Putnam White M.D.
Address,	249 north Eutaw
Remarks,	

6 9 3 0 0 0 1 2 5 4

John Murphy & Co., City Printers and Stationers.

Every physician or surgeon or midwife in attendance upon a birth shall keep a true and correct register of each birth at which he or she may be present, and shall enter in a blank book under his or her care during the month, and shall set forth as far as the same can be ascertained the following particulars, viz: the full name and occupation of the parents, the date and place of birth, and the full name and occupation of the parents. The date of the first and third day of attendance of a Physician or midwife upon the person of each child to be delivered, duly signed by the practitioner in the form of a list of the births which have occurred (if any shall have been delivered), duly signed by the practitioner in the form of a certificate between the first and third day of each month to the Office of the Commissioner of Health. In case no birth of any child shall occur without the city, thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 46296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 2 / 93,
4. Place of Birth, (Street and Number)	220 Ducannon Alley
5. Full Name of Mother,	Mary E. Behnke
6. Mother's Maiden Name,	" " Hannil
7. Mother's Birthplace,	B. C.
8. Full Name of Father,	Geo. J. Behnke
9. Father's Occupation,	Labour
10. Father's Birthplace,	B. C.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Wilkins
Address,	226 L. Bay
Remarks,	

8930001257

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 46296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28th October 1893
4. *Place of Birth, (Street and Number)*	Corner No 1710
5. *Full Name of Mother,*	Barbara Bolle
6. *Mother's Maiden Name,*	" Thaler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Otto Bolle
9. *Father's Occupation,*	Leber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaffler
Address,	[illegible]
Remarks,	

6930001258

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46747.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2 nd 1893
4. Place of Birth, (Street and Number) 1136 Ramington Balt=City
5. Full Name of Mother, Mary A Edrington
6. Mother's Maiden Name, Harding
7. Mother's Birthplace, Howard Co.
8. Full Name of Father, William H Edrington
9. Father's Occupation Labor
10. Father's Birthplace, Fredericksburg Va

Name of Medical Attendant, or other person who makes this Return, Mis Maya Martin

Address, 2804 Cedar avenue Balt=City Md

Remarks,

1893000 1259

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person of parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 46398.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th March 4th. Nov 1896.
4. *Place of Birth, (Street and Number)*	Lizzie Leinbach
5. *Full Name of Mother,*	Wagner
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	August Leinbach
8. *Full Name of Father,*	Leber
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaeffler 1103 Fulton
Address,	
Remarks,	

8930001260

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. FULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* March 2 nd 1893
4. *Place of Birth, (Street and Number)* 1006 West Pine St
5. *Full Name of Mother,* Catrin Kelly
6. *Mother's Maiden Name,* — Mc Grath
7. *Mother's Birthplace,* Ire
8. *Full Name of Father,* John O Kelly
9. *Father's Occupation,* Gardener
10. *Father's Birthplace,* Ire

Name of Medical Attendant, or other person who makes this Return, M A Ledley

Address, 1004 West Lexington St

Remarks,

8930001261

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 46300.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored race
3. Date of Birth,	March 3 a 1893
4. Place of Birth, (Street and Number)	No 235 South Dallas
5. Full Name of Mother,	Henrietta Johnson
6. Mother's Maiden Name,	Henrietta Myers
7. Mother's Birthplace,	St Michel
8. Full Name of Father,	James Henry Johnson
9. Father's Occupation,	Labo
10. Father's Birthplace,	Annapolis
Name of Medical Attendant, or other person who makes this Return.	Dr Georgetown Brooks
Address,	No 1752 Mulliken.
Remarks,	

The Mother, or in her absence, the Father, or in the absence of both parents, the Householder in which any child is born, or the Physician, Midwife, Nurse or other person present at the birth, shall, within ten days after the birth, report to the Registrar of Vital Statistics, at the office of the Board of Health, the particulars required by this schedule to be reported in relation to such birth, which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8930001262

RETURN OF A BIRTH A 46301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	March 3d 1893
4. *Place of Birth, (Street and Number)*	1506 Caroline St- ot
5. *Full Name of Mother,*	Mary E. Burned
6. *Mother's Maiden Name,*	same
7. *Mother's Birthplace,*	Snow Hill Md
8. *Full Name of Father,*	John. Hall
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Snow Hill md
Name of Medical Attendant, or other person who makes this Return.	Annie Duncans
Address,	628 n Bethel St
Remarks,	attended

8 9 3 0 0 0 1 2 6 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 46307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 3-1893
4. Place of Birth, (Street and Number) 706 Harris aly
5. Full Name of Mother, Laura A. Kreamer
6. Mother's Maiden Name, Sinclair
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank. M. Kreamer
9. Father's Occupation, Foreman
10. Father's Birthplace, Fredrick Md

Name of Medical Attendant, or other person who makes this Return, Sarah P Harrington

Address, # 924 Bunney st Eastern

Remarks,

8930001264

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46303.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 3rd. 93.

4. Place of Birth, (Street and Number) 617 W. Franklin St

5. Full Name of Mother, Rose Wolff

6. Mother's Maiden Name, Rose Wolff

7. Mother's Birthplace, Baltimore Md. (illegitimate child)

8. Full Name of Father, Not given

9. Father's Occupation, Not given

10. Father's Birthplace, Not given

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle. M.D.

Address, 1203 W. Fayette St

Remarks, Child is premature, at the 7th month birth Caused by an attack of Inflammatory Rheumatism in the mother

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Third of March
4. *Place of Birth, (Street and Number)* 11 Andrew's ave. Baltimore
5. *Full Name of Mother,* Maria James.
6. *Mother's Maiden Name,* Maria —
7. *Mother's Birthplace,* Gloucester Co. Md.
8. *Full Name of Father,* John James
9. *Father's Occupation,* Farm Hand
10. *Father's Birthplace,* Gloucester Co. Md

Name of Medical Attendant, or other person who makes this Return, Doctor Jane Gary

Address, 14 Andrew's ave Baltimore

Remarks,

B 9 3 0 0 0 1 2 6 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 46005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March-3-1893
4. Place of Birth, (Street and Number) 203 Bank st extended
5. Full Name of Mother, Annie Goldbeck
6. Mother's Maiden Name, " Fladung
7. Mother's Birthplace, City
8. Full Name of Father, Wm. Goldbeck
9. Father's Occupation, Builder
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, P. L. Dauschmid

Address, 1722 E. Balto. st.

Remarks,

8930001267

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-9-56

A 46305

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Blondine Aubrey Bowen First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 3 - 1893
4. Place of Birth, (Street and Number) 111 N. Hill Street
5. Full Name of Mother, Francis H. Bowen
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Millie Grose

Address, 213 W York St

Remarks,

8930001268

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 46307.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 3rd March, 1893
4. Place of Birth, (Street and Number) Baltimore, 1150 Hamburg St.
5. Full Name of Mother, Ella O'Grady.
6. Mother's Maiden Name, Ella Evans
7. Mother's Birthplace, Manchester Queen Annes Co. Md
8. Full Name of Father, James O'Grady
9. Father's Occupation, Drayman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 N Poppleton St

Remarks,

8930001269

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46308.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4th 93.
4. Place of Birth, (Street and Number) 327 S. Gilmor St.
5. Full Name of Mother, Estelle Liddell
6. Mother's Maiden Name, Estelle James
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Wm. F. Liddell
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohlig M.D.

Address, 1203 W. Fayette St

Remarks,

8930001270

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46309.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4th 1893
4. Place of Birth, (Street and Number) 2631 Florence St.
5. Full Name of Mother, Mrs Mary A. Foster
6. Mother's Maiden Name, Mary A. Powers
7. Mother's Birthplace, Virginia
8. Full Name of Father, William E. Foster
9. Father's Occupation, Father
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return. E. A. Friel M.D.

Address, 2648 Frances St.

Remarks, Weight 9 lb. resembles (Grow Cleveland Bay) very much Twin, Sex not given

893000127 1

PRINTED BY J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

To secure a correct return as to the sex, color, the full name and occupation of its parents, the date and place of birth, and the number conferred to its sex, color, the full name and occupation of its parents, the date and place of birth, and the number conferred to its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A 4/6310.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 4th 1893
4. *Place of Birth, (Street and Number)* Baltimore, Smith Court
5. *Full Name of Mother,* Emma Burns
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Burns
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Jane West

Address, 804 Sterling Street

Remarks,

8930001272

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GUA. J. C. BALANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4/211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, March 4 1893
4. Place of Birth, (Street and Number) 404 Penn st
5. Full Name of Mother, Addie Gipson
6. Mother's Maiden Name, Addie Gibbs
7. Mother's Birthplace, Easton Talbert Co
8. Full Name of Father, William Gipson
9. Father's Occupation, Hod Carrid
10. Father's Birthplace, Easton Talbert Co

Name of Medical Attendant, or other person who makes this Return. Mary an Mason

Address, 637 market alley

Remarks,

B 9 3 0 0 0 1 2 7 3

PRO. J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 46317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Mar 4/93
4. Place of Birth, (Street and Number) Baltimore # 23 Shoaf St al.
5. Full Name of Mother, Mary A Williams
6. Mother's Maiden Name, " Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Williams
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Gustave Levers M.D.

Address, City Hospital

Remarks, Labor normal -

8930001274

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex; color; the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Orig

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 2, 1893
4. Place of Birth, (Street and Number) 2130 Oak St.
5. Full Name of Mother, Carrie M. Kilroy
6. Mother's Maiden Name, Roberts
7. Mother's Birthplace, Balto.
8. Full Name of Father, M. J. Kilroy
9. Father's Occupation, Salesman
10. Father's Birthplace, Wilmington, Del.

Name of Medical Attendant, or other Person who makes this Return Jas. M. Craigill

Address, 1730 N. Charles St.

Remarks, Full name of child - Paul Ebert Lee Kilroy

893009275

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T. A. CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-27-33

RETURN OF A BIRTH

A 46314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Marie Greason — 2nd Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) — Female
2. Race or Color, (if not of the white race) — White
3. Date of Birth, — March 4 1893.
4. Place of Birth, (Street and Number) — 1053 W Fayette St.
5. Full Name of Mother, — Lelia May Greason
6. Mother's Maiden Name, — Mitchell
7. Mother's Birthplace, — Balto.
8. Full Name of Father, — Robt. M. Greason Deceased
9. Father's Occupation, — Letter Carrier
10. Father's Birthplace, — Balto.

Name of Medical Attendant, or other Person who makes this Return. — J. Howard Jno

Address, — 1053 W Fayette St

Remarks,

ascertain the full name of each child (if any shall have been omitted), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

8930001276

A 46315.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 24 1893
4. *Place of Birth, (Street and Number)*	712 Cider Alley
5. *Full Name of Mother,*	Martha A. Ff Scott
6. *Mother's Maiden Name,*	Martha Washington
7. *Mother's Birthplace,*	Lynchburg Va.
8. *Full Name of Father,*	George W. Scott.
9. *Father's Occupation,*	Jot Work
10. *Father's Birthplace,*	Petersburg Va.
Name of Medical Attendant, or other person who makes this Return.	Mary Jane Richardson
Address,	315 King Street.
Remarks,	

1893000012777

The same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 46316.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 4/93
4. *Place of Birth, (Street and Number)*	1517 N. Calvert
5. *Full Name of Mother,*	May Callahan
6. *Mother's Maiden Name,*	" Young
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	J. F. Callahan
9. *Father's Occupation,*	Lineman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo W Ennis M. D
Address,	1501 Preston
Remarks,	

8930001278

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

Dec 14 1917.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) E Elizabeth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Fourth of march
4. Place of Birth, (Street and Number) 208 York Street
5. Full Name of Mother, Mary Thomas
6. Mother's Maiden Name, Mary Gomeh
7. Mother's Birthplace, Dorchester County
8. Full Name of Father, Jefferson Thomas
9. Father's Occupation, working Coal
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Millie Grosse

Address, 210 W York St

Remarks,

8930001279

beg conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 46318

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 4th 1893 about the hour Cleveland is taking the Oath. It is a Democrat & the name is Ruth.
4. Place of Birth, (Street and Number) 1419 N Dallas
5. Full Name of Mother, Maggie O'Connell
6. Mother's Maiden Name, " Gourley
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas V. O'Connell
9. Father's Occupation, Brass moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. E. Reynolds M.D.

Address, 711 N. Calvert St

Remarks,

8930001280

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 4319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4 1893
4. Place of Birth, (Street and Number) 1118 East Pratt street
5. Full Name of Mother, Celia Jackson
6. Mother's Maiden Name, Celia Snyder
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Harry H Jackson
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Mrs A E Knowles.

Address, 212 N Patterson Park Ave

Remarks,

8 9 3 0 0 0 1 2 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4th 1893.

4. Place of Birth, (Street and Number) 131 Partlin St

5. Full Name of Mother, Elizabeth Cooper

6. Mother's Maiden Name, Elizabeth Lewis

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Geo N Cooper

9. Father's Occupation, Edge tool grinder

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Person Hunter.

Address, 23 N Poppleton St

Remarks,

8930001282

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner or the parents, the date and place of birth; and the third day of each and every month to the office of the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46071.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 5th 1893
4. Place of Birth, (Street and Number)	No 1530 Byrd St
5. Full Name of Mother,	Francis Scheafer
6. Mother's Maiden Name,	Francis Hornung
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Christopher Scheafer
9. Father's Occupation,	Tinner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Catherine Hornung
Address,	No 1517 Byrd St
Remarks,	

1 8 9 3 0 0 0 1 2 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, first of March
4. Place of Birth, (Street and Number) 5-33 extell Street
5. Full Name of Mother, Monday Woods
6. Mother's Maiden Name, Monday Delaney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joshua Woods
9. Father's Occupation Laber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Barlow Bateman

Address, 420 Lewis Street

Remarks, Living as well as can expect

6930001284

W. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in said schedule shall be delivered, duly signed by the practitioner or midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in case the birth of any be in attendance of a physician or midwife, it shall become the duty of the person above required, and shall occur without the attendance immediately thereafter, in the manner and within the period above required, and attendance upon the mother, Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such persons or persons who shall hereafter fail

RETURN OF A BIRTH.

A 46343.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	1st March 1893
4. Place of Birth, (Street and Number)	No 1023 Eutaw St
5. Full Name of Mother,	Annie Donnelly
6. Mother's Maiden Name,	Annie Sullivan
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Donnelly
9. Father's occupation	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Jno. H. Lewis
Address,	No 103 Hanford Ave
Remarks,	Balto Md

8930001285

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 1630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, the 17th of March

4. Place of Birth, (Street and Number) 2 Hill Court

5. Full Name of Mother, Lettie Dawson

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, William Street

8. Full Name of Father, Benjamin Plummer

9. Father's Occupation England

10. Father's Birthplace, Penn Lane

Name of Medical Attendant, or other person who makes this Return, Maryland Cut

Address, Baltimore Md

Remarks, 1893

8930001286

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 5 93
4. *Place of Birth, (Street and Number)* 1725 N Carolina Street
5. *Full Name of Mother,* Mary E. Kershaw
6. *Mother's Maiden Name,* Mary E. Walker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry J Kershaw
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. J. P. Manlenet

Address, 1741 N Gay St

Remarks,

6730001287

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46326.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 —

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March-5-1893
4. Place of Birth, (Street and Number) cor. Gay Madison & Central Ave
5. Full Name of Mother, Mollie Louisa Thaler
6. Mother's Maiden Name, " Kartel
7. Mother's Birthplace, City
8. Full Name of Father, George Julius Thaler
9. Father's Occupation, Merchant
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. P. E. Dauschaud

Address, 1729 E. Baltimore St.

Remarks,

8 9 3 0 0 0 1 2 8 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 4637

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4-

1. Sex, (State whether male or female) Female,
2. Race or color, (if not of the white race) White.
3. Date of Birth, March 5th - 1893.
4. Place of Birth, (Street and Number) 714 N. Mount St.
5. Full Name of Mother, Adelia H. Talbot.
6. Mother's Maiden Name, Taylor.
7. Mother's Birthplace, North Carolina.
8. Full Name of Father, Joseph H. Talbot.
9. Father's Occupation, Engineer -
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return R. H. Goldsmith, M.D.

Address, Harlem av. & Calhoun st.

Remarks,

1893000 1289

J. D. ENLOW & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. L. 4633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - John Louis Strahmer

No. of Child of Mother, (state whether ~~1st~~, 3d, &c.)

1. *Sex, (state whether male or* ~~female~~)
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 5th 93
4. *Place of Birth, (Street and Number)* 1337 N Eutaw
5. *Full Name of Mother,* Mary B. Strahmer
6. *Mother's Maiden Name,* " B " Kolb.
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Louis L. Strahmer
9. *Father's Occupation* Conductor Balt Trac Co
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other person who makes this Return, Norman F Nill

Address, 1401 N Fayette

Remarks,

8930001290

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46379

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth March 5 - 1893
4. Place of Birth (Street and Number) 519 Gold St
5. Full Name of Mother Emma G. Moore
6. Mother's Maiden Name " " Anderson
7. Mother's Birthplace Maryland
8. Full Name of Father Sam Moore
9. Father's Occupation Hack Driver
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. C. Fawcett, M.D

Address 550 Mosher St

Remarks

8930001291

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or living, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. A 46,380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, First of March 1895
4. Place of Birth, (Street and Number) 120 Stirling Street
5. Full Name of Mother, Catherine Cavan
6. Mother's Maiden Name, Catherine Larkin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick Cavan
9. Father's Occupation Dealer in Furniture
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Jno. A. McLaren

Address, No 103 S Hanover

Remarks, Bal Md.

1893 0001292

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 6th 1893
4. *Place of Birth, (Street and Number)* 193 Hoard St. Balto. Md.
5. *Full Name of Mother,* Emma L. Schlesinger
6. *Mother's Maiden Name,* Emma L. Fischer
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Henry Schlesinger
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Hannah Meeks

Address, 807 Hart St. Balto. Md.

Remarks,

8 9 3 0 0 0 1 2 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 6 1893

4. Place of Birth, (Street and Number) 632 Vine Street

5. Full Name of Mother, Rebecca Henderson

6. Mother's Maiden Name, Rebecca Patterson

7. Mother's Birthplace, Albany N. York

8. Full Name of Father, William Henderson

9. Father's Occupation, Barber

10. Father's Birthplace, Wilmington N. C.

Name of Medical Attendant, or other person who makes this Return. Mary Jane Richardson

Address, 815 King Street

Remarks,

8930001294

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46333.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Childs

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colorda
3. *Date of Birth,* 6 of march
4. *Place of Birth, (Street and Number)* 302 Chestnut st Baltimore md
5. *Full Name of Mother,* Liggie Gilliard
6. *Mother's Maiden Name,* Liggie Leight
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Jesse Gilliard
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Pattison

Address, 401 Louis street

Remarks, Doing well

1893 0001295

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, to other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4633d

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, ~~(state whether male or female)~~
2. Race or Color, (if not of the white race)
3. Date of Birth, March 7th 1893
4. Place of Birth, (Street and Number) 507 N Exeter St. in the rear
5. Full Name of Mother, Allice O'Leary McCusker
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John O'Leary
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, J. S. Mitnick, M.D.

Address, 406 N. Exeter St.

Remarks, Patient suffers with partial Chronic Dem[illegible] uritis and the surroundings are horrible

893000001296

Said Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

46335.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 7th 1895
4. *Place of Birth, (Street and Number)*	815 Aisquith Street
5. *Full Name of Mother,*	Katie McNamara
6. *Mother's Maiden Name,*	Katie Casey
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Edward C. McNamara
9. *Father's Occupation,*	Silk Cleaner
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	James C. Whiteford M.D.
Address,	819 Aisquith Street
Remarks,	

B 9 3 0 0 0 1 2 9 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 46336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 7th 1893
4. Place of Birth, (Street and Number) 245 S. Durham St.
5. Full Name of Mother, Lucy Myers
6. Mother's Maiden Name, Lucy Travers
7. Mother's Birthplace, Virginia
8. Full Name of Father, William Dixon
9. Father's Occupation, Labor
10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other person who makes this Return. Hester Henson

Address, # 314 S. Dallas St.

Remarks, X

8930001298

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 46337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 8 '93
4. *Place of Birth, (Street and Number)*	1320 Rutter St
5. *Full Name of Mother,*	alice grace
6. *Mother's Maiden Name,*	alice magers
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Jacob grace
9. *Father's Occupation,*	Stonekeeper
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	E K Hadel M D
Address,	1143 Park Ave City
Remarks,	

8 9 3 0 0 0 1 2 9 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

16338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. March 8th 99

4. Place of Birth, (Street and Number) 1029 Mc Donogh

5. Full Name of Mother. Hannah D Stoddard

6. Mother's Maiden Name. Gage

7. Mother's Birthplace. Md

8. Full Name of Father. Roland Stoddard

9. Father's Occupation. Milkman

10. Father's Birthplace. Ohio

Name of Medical Attendant, or other Person who makes this Return. J. B Delworth M.D.

Address. 1003 N Broadway

Remarks.

13

6930001300

...day & Co., City Printers and Stationers.

A 46304

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born March 2nd 1893
4. *Place of Birth, (Street and Number)*	# 20 Collins Str
5. *Full Name of Mother,*	Mrs Lina Volkert
6. *Mother's Maiden Name,*	Nisp " Smith
7. *Mother's Birthplace,*	Hessen Germany
8. *Full Name of Father,*	John Volkert
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Heiller
Address,	2127 W Pratt St
Remarks,	1893000130 1

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-13-56

RETURN OF A BIRTH.

A 46340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Catherine Streb

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	9th of March 1893
4. Place of Birth, (Street and Number)	1,10 N Wall St
5. Full Name of Mother,	Elizabeth Isabell Streb
6. Mother's Maiden Name,	Mc Dougal
7. Mother's Birthplace,	Balt City
8. Full Name of Father,	John Adam Streb
9. Father's Occupation	Cloth, Cutter
10. Father's Birthplace,	Balt City
Name of Medical Attendant, or other person who makes this Return,	M. A. Donovan
Address,	2024 E Pratt St
Remarks,	doing Well

1893 1 8 9 3 0 0 0 1 3 0 2

Every midwife, or other person, in attendance upon the birth of any child shall cause a certificate thereof to be delivered to the office of the Commissioner of Health, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 46341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (~~State whether~~ male ~~or female~~)
2. Race or color, (~~X~~ not of the white race) Col'd
3. Date of Birth, 3/9/93
4. Place of Birth, (Street and Number) 206 Kimballs al.
5. Full Name of Mother, Mary Turner
6. Mother's Maiden Name, Holly
7. Mother's Birthplace, Balto
8. Full Name of Father, Jerish Turner
9. Father's Occupation, Laborer (at times)
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. P. Kuntzing MD

Address, 601 W Franklin St

No Remarks,

8 4 3 0 0 0 1 3 0 3

said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 1893
4. Place of Birth, (Street and Number) 639 Mulberry E
5. Full Name of Mother, Anna Susan ~~Feldhaus~~ Steyman
6. Mother's Maiden Name, Feldhaus
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Steyman
9. Father's Occupation Beer Keeper
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Dr Williamson M D
Address, 254 Pearl St Baltimore
Remarks,

1693000 1304

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	W. F.
3. Date of Birth,	1st March 1873
4. Place of Birth, (Street and Number)	Brooklyn L. I. Co. and
5. Full Name of Mother,	Kate Farley
6. Mother's Maiden Name,	Kate Kinsella
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Louis Kelly
9. Father's Occupation	Glass Blower
10. Father's Birthplace,	Pa. U.S.
Name of Medical Attendant, or other person who makes this Return,	C. A. Brandes
Address,	823 Light St
Remarks,	Dona Well

8930001305

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W Lit
3. *Date of Birth,*	March 1st 1899
4. *Place of Birth, (Street and Number)*	Byrd St 527
5. *Full Name of Mother,*	Louisa Young
6. *Mother's Maiden Name,*	Louisa Keyser
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	John Young
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Carroll Co md
Name of Medical Attendant, or other person who makes this Return,	E A Brooks
Address,	1825 Light St
Remarks,	Drive Well

8930001306

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-46345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 2nd 1893
4. Place of Birth, (Street and Number) gold and division
5. Full Name of Mother, Rosie M Matthews
6. Mother's Maiden Name, Rosie M. Thompson
7. Mother's Birthplace, Washington
8. Full Name of Father, John, Matthews
9. Father's Occupation, barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah E. Nett

Address, 2206 Etting st Balt.

Remarks,

1893 00 01307

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons also shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

146340.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 3rd 93

4. Place of Birth, (Street and Number) 813 E Baltimore St

5. Full Name of Mother, Bertha Goldman

6. Mother's Maiden Name, Goodman

7. Mother's Birthplace, Balto City Md

8. Full Name of Father, Julius Goldman

9. Father's Occupation, Cigar Manufacturer

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. C. E. Maguire M.D.

Address, 1 E Eden St

Remarks,

+ 893000013088

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30 March 1893
4. *Place of Birth, (Street and Number)*	207 Randall St
5. *Full Name of Mother,*	Rosa Smith
6. *Mother's Maiden Name,*	Rosa Lipsky
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Smith
9. *Father's Occupation*	Shoe Maker
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	C. A. Brooks
Address,	1898 Light St
Remarks,	Dang.

1893 0 0 0 1 3 0 9

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3rd March 1893
4. *Place of Birth, (Street and Number)*	1277 Battery Ave
5. *Full Name of Mother,*	Emma May Albrecht
6. *Mother's Maiden Name,*	Emma Mary Schmidt
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	George Frederick Albrecht
9. *Father's Occupation,*	Feed Dealer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	James Cooper
Address,	Oxford & Charles St.
Remarks,	

8 9 3 0 0 0 1 3 1 0

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 46049

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born (in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 5th 1893
4. Place of Birth (Street and Number)	# 1401 Bank St.
5. Full Name of Mother	Wilhelmina Tausig
6. Mother's Maiden Name	Wilhelmina Mergard
7. Mother's Birthplace	Philadelphia, Pa.
8. Full Name of Father	Chas. G. Tausig
9 Father's Occupation	Traveling Salesman
10. Father's Birthplace	Austria
Name of Medical Attendant or other Person who makes this Return.	John H. Rehberger
Address	# 1709 Alice Anne St.
Remarks	

8930001311

RETURN OF A BIRTH A 46350.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, 5th March 93
4. Place of Birth, (Street and Number) 123 W. Saratoga St
5. Full Name of Mother, Therese Dieter
6. Mother's Maiden Name, Therese Hasenegger
7. Mother's Birthplace, Germany
8. Full Name of Father, Jos. T. Dieter
9. Father's Occupation, paperhanger
10. Father's Birthplace, U. S. A.

Name of Medical Attendant, or other person who makes this Return, Dr. Robt. Hoffmanger

Address, 502 W. Fayette St

Remarks,

8930001312

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. EWLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46351.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 5th. 1893
4. *Place of Birth, (Street and Number)* 1305 Valley Street
5. *Full Name of Mother,* Clara Weston Lambden
6. *Mother's Maiden Name,* Clara Weston Cadwallader
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Thomas Cadwallader Lambden
9. *Father's Occupation,* Motor Man (Electric Cars)
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. J. C. Gilchrist

Address, 1301 Valley St

Remarks,

8 9 3 0 0 0 1 3 1 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 48352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13 child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 6, 1893
4. *Place of Birth, (Street and Number)*	1411 Wilmore alley
5. *Full Name of Mother,*	Mary Mackall Gross
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Calvert, Co, Md
8. *Full Name of Father,*	John E Mackall
9. *Father's Occupation*	Store dealer
10. *Father's Birthplace,*	Calvert Co Md
Name of Medical Attendant, or other person who makes this Return,	Mary E Jones
Address,	1121 Saratoga st
Remarks,	

8930001314

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6 — 93
4. *Place of Birth, (Street and Number)* 402 W Lee St
5. *Full Name of Mother,* Addie L Yates
6. *Mother's Maiden Name,* " " Hood
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Truman T. Yates
9. *Father's Occupation* Bagage Master on R.R.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, I. M. Lumpkin M.D.

Address, 640 W. Barre St

Remarks,

B 9300001315

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 46354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6 th 1893
4. Place of Birth, (Street and Number) 2929 Hudson st
5. Full Name of Mother, Catherine Gorman
6. Mother's Maiden Name, Lofty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Gorman
9. Father's Occupation, Fireman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Sarah P. Harrington

Address, # 924 Eutaw st

Remarks,

6930001316

Wm J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 5-9-52

RETURN OF A BIRTH. A 4630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Viola Irene Summers

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, March 7th - 1893

Place of Birth, (Street and Number) 1421 Jefferson St

Full Name of Mother, Hattie Jane ~~Summers~~ Standiford

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balt -

8. Full Name of Father, George D. ~~Summers~~ Summers

9. Father's Occupation, Can - maker -

10. Father's Birthplace, Balt -

Name of Medical Attendant, or other person who makes this Return. J. D. Groh

Address, 1430 Orleans St

Remarks,

8930001317

shall occur without the attendance of a physician or pe... attendance upon the mother, immediately thereafter it... child to report its birth to the Commissioner of Health,... any such person or persons who shall hereafter fail to... jected to the fine of ten (10) dollars for each offence, to b...

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7 - 1893
4. Place of Birth, (Street and Number) 602 S. Portain
5. Full Name of Mother, Emma Yost
6. Mother's Maiden Name, " Scott
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Wm F. Yost
9. Father's Occupation, Robert Fitter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N. Charles St.

Remarks,

8930001318

893

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

BY J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 14357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female),*	female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	7th inst
4. *Place of Birth (Street and Number),*	1514 E. Monument St
5. *Full Name of Mother,*	Mattie Gregory
6. *Mother's Maiden Name,*	Mattie Talbot
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm J Gregory
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary E Price
Address,	1630 Eastland ave
Remarks,	

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1893

...e Publishing Co., City Printers and Stationers

8930001319

RETURN OF A BIRTH A 116258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 8/93
4. Place of Birth (Street and Number),	1912 E. Pratt St.
5. Full Name of Mother,	Ella O'Connor
6. Mother's Maiden Name,	" Rady
7. Mother's Birthplace,	St. Marys Co. Md.
8. Full Name of Father,	P. M. O'Connor
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Rud Mansfield M.D.
Address,	129 S. Broadway
Remarks,	

1893 0001320

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter to report in writing to the Commissioner of Health the name and sex of such child, the time and place of birth, the name and residence of the parents, and such other particulars as may be required by the Commissioner of Health, and should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 46359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 March
4. Place of Birth, (Street and Number) Eastern Ave
5. Full Name of Mother, Anna Diegtel
6. Mother's Maiden Name, Anna Wood
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Diegtel
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. A Schumacher

Address, 901 Light St. Bond St

Remarks, 6930001321

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

L 46360.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 2, 1893
4. Place of Birth, (Street and Number) 1017 Bruce st
5. Full Name of Mother, Mary Mitchel
6. Mother's Maiden Name, Sentus
7. Mother's Birthplace, Annapolis Md
8. Full Name of Father, Hunes Mitchel
9. Father's Occupation Hard Carrier
10. Father's Birthplace, Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return, Mary Reeves

Address, 1121 Saratoga st

Remarks,

693000 1322

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 46361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 of March 1893
4. *Place of Birth, (Street and Number)* 1432 Fairmount Ave
5. *Full Name of Mother,* Sallie Johnson
6. *Mother's Maiden Name,* Gant
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Robert Johnson
9. *Father's Occupation* Lumber marker.
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Gross

Address, 1907 E Monument St.

Remarks,

6930001323

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 46367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* March 9. 1893
4. *Place of Birth, (Street and Number)* 1003 N Gilmor st
5. *Full Name of Mother,* Silvia Jones
6. *Mother's Maiden Name,* Gilbert
7. *Mother's Birthplace,* St Mary. Co. Md
8. *Full Name of Father,* Robert Jones
9. *Father's Occupation* Stevedor
10. *Father's Birthplace,* St Mary. Co. Md

Name of Medical Attendant, or other person who makes this Return, Mayble Jones

Address, 1121 Saratoga st

Remarks,

6930001324

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 46362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born March 9 th 1893
4. *Place of Birth, (Street and Number)*	# 1919 Lemmon Sts
5. *Full Name of Mother,*	Mrs Mary Marbin
6. *Mother's Maiden Name,*	Miss Urbanowich
7. *Mother's Birthplace,*	Polan
8. *Full Name of Father,*	William Marbin
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Polan
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 W Pratt Sts
Remarks,	1893000 1325

In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th
2. *Sex, (state whether male or female)*
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* March 4th 93
5. *Place of Birth, (Street and Number)* 347 N. Fulton ave
6. *Full Name of Mother,* Catherine Morriseth
7. *Mother's Maiden Name,* " Decker
8. *Mother's Birthplace,* B. C.
9. *Full Name of Father,* Willard Morriseth
10. *Father's Occupation* Machinist
11. *Father's Birthplace,* Richmond Va
12. *Name of Medical Attendant, or other person who makes this Return,* Norman F Hill
13. *Address,* 1401 N Fayette
14. *Remarks,*

8930001326

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46365

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 March 189
4. Place of Birth, (Street and Number) 2036 Marshall St
5. Full Name of Mother, Mary Crowley
6. Mother's Maiden Name, Mary Jane
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Fredrick Crowley
9. Father's Occupation Foreman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1128 Light St

Remarks, Living Well

6 9 3 0 0 0 1 3 2 7

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practitioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Attached

Female ..... No. of Child of Mother, 4

Color, W

March 1st 91

Birth, 121 Dewberry Alley

me of Mother, Mary Haines

Maiden Name, " Kelly

Birthplace, Ireland

me of Father, James Haines

Occupation, Boss

Birthplace, Ireland

Mary Hanyan

19 Scott

twins

1891 30001328

RETURN OF A BIRTH. A 46367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9 1893
4. Place of Birth, (Street and Number) 1226 S Charles st
5. Full Name of Mother, Sarah D Mitchell
6. Mother's Maiden Name, " " Smith
7. Mother's Birthplace, Maryland
8. Full Name of Father, Edward E Mitchell
9. Father's Occupation Block & Pavement Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Carter M.D

Address, 911 N. Charles st.

Remarks,

1893000329

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46368

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16th 1893
4. Place of Birth, (Street and Number) 1103 Low St
5. Full Name of Mother, Sylvia Rusanta
6. Mother's Maiden Name, Sylvia Rusanta
7. Mother's Birthplace, Russia Poland
8. Full Name of Father, Israel Blum
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Sophie Shenaf

Address, 19 N. High St

Remarks,

1893000 1330

Wm. J. C. Dulany Co., City Printers and Stationers.

1893

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. E 46369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 10th 1893
4. Place of Birth, (Street and Number) 603 Clay Street
5. Full Name of Mother, Anna Fuller
6. Mother's Maiden Name, Anna Bauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Fuller
9. Father's Occupation, Watchman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Alexandra Schleifer

Address, 641 S. Paca Street

Remarks,

8930001331

MAR 16 1893

Whenever the mother, immediately thereafter if she shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 11th 1893
4. Place of Birth, (Street and Number)	832 Howe Street
5. Full Name of Mother,	Mary Schoolhaus
6. Mother's Maiden Name,	Mary Hausmann
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jacob Schoolhaus
9. Father's Occupation,	Hack Driver
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Helegunda Schleiter
Address,	644 S. Paca Street
Remarks,	

1893000001332

RETURN OF A BIRTH. A 46371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 11th March

4. Place of Birth, (Street and Number) 104 N. Dallas St.

5. Full Name of Mother, Laura Jane Goldsbrough

6. Mother's Maiden Name, Laura Jane Bowes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Franklin Goldsbrough.

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Caroline Patterson

Address, #401 Lewis St

Remarks, Doing well

1893 0001333

shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH, 4637

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One (1)

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 11th. 93

4. Place of Birth, (Street and Number) 1414 Battery Av Balto. Md.

5. Full Name of Mother Susie O. Hyman

6. Mother's Maiden Name Susie O. Bibby.

7. Mother's Birthplace Cambridge Maryland

8. Full Name of Father William H. Hyman

9. Father's Occupation Marine Engineer.

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Conway.

Address

Remarks

6 9 3 0 0 0 1 3 3 4

NA 16 1893

name of the mother of such child or children.

RETURN OF A BIRTH.

A 46373

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 11/93
4. *Place of Birth (Street and Number)*	403 S. Sharp St
5. *Full Name of Mother*	Nannie Bell Trott
6. *Mother's Maiden Name*	Nannie Bell Wessels
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	James Wesley Trott
9. *Father's Occupation*	Police Officer
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	E. Richeson M.D.
Address	516 S. Sharp St.
Remarks	

1893 U 0001335

RETURN OF A BIRTH A 46374.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, March 12th 1893
4. Place of Birth, (Street and Number) East Hill Ave
5. Full Name of Mother, Maggie Dent
6. Mother's Maiden Name, Maggie Gaghan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Dent
9. Father's Occupation Hod Carrier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8930001336

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46375.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 12 1888

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 March
4. *Place of Birth, (Street and Number)* 1093 N Chapel St
5. *Full Name of Mother,* Mary Garmatz
6. *Mother's Maiden Name,* " Daisy
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Garmatz
9. *Father's Occupation,* Mattress maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Bleard

Address, 904 Somerset St

Remarks,

Baltimore

1893000137

GEO. J. O. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

No. 46376.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 12th 93.
4. *Place of Birth, (Street and Number)*	802 N. Wolfe st.
5. *Full Name of Mother,*	Francis Penske
6. *Mother's Maiden Name,*	Francis Philipp
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Stephan B. Penske
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Howard A. Hyer M.D.
Address,	1019 N Caroline st.
Remarks,	

6930001338

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...LEIGH & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 4677.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March the 12
4. *Place of Birth, (Street and Number)*	Fluvanna rt No 115
5. *Full Name of Mother,*	Martha Wilson
6. *Mother's Maiden Name,*	Martha Williams
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Marcus Williams
9. *Father's Occupation,*	Labour
10. *Father's Birthplace,*	Burgurtus west Virginia
Name of Medical Attendant, or other person who makes this Return,	Margaret Jane Wilson
Address,	No 115 west Fluvanna st
Remarks,	full 9 months

1893000 1339

The attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 46378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	March 12th / 92
4. Place of Birth (Street and Number),	227 W Chase
5. Full Name of Mother,	Margaret Emma Gallagher
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Thomas Emmet McClancy
9. Father's Occupation,	
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	C B Gamble M D
Address,	925 Eutaw
Remarks,	

B 9 3 0 0 0 1 3 4 0

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 76379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 12th 13
4. Place of Birth, (Street and Number) 537 E. Lanvale
5. Full Name of Mother, Maggie Price
6. Mother's Maiden Name, Maggie Johnson
7. Mother's Birthplace, Virginia
8. Full Name of Father, Josiah Price
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia J. Thomas

Address, 1124 Park Ave

Remarks,

1893000134 1

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46380.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th August 1893
4. Place of Birth, (Street and Number) No 543 Cinquette St.
5. Full Name of Mother, Kate Rightmiller
6. Mother's Maiden Name, Kate Foster
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, C. H. L. Rightmiller
9. Father's Occupation Ship Carpenter
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Jno. C. Lauer

Address, No 109 Harford Ave

Remarks, Vac Aug

8930001342

Wm. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46381.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, Dec. 12. 93
4. Place of Birth, (Street and Number) 1933 E. Baltimore.
5. Full Name of Mother, Mrs. Agnes Lillian Boyce Nichols
6. Mother's Maiden Name, Miss " " Boyce
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Edw. Warren Nichols
9. Father's Occupation, Mercantile Broker
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who takes the Return, G. A. Rusk M.D.

Address, 1930 E. Baltimore St.

Remarks, N I W Natural delivery

1893 0001343

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 17th 1893
4. Place of Birth, (Street and Number) # 1722 Mulliken Street
5. Full Name of Mother, Mary E. Watts
6. Mother's Maiden Name, " " Jones
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Alfred A. Watts
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Cooper

Address, # 123 N. Durham St

Remarks,

8 9 3 0 0 0 1 3 4 4

Wm J C. Dulany Co., City Printers and Stationers.

...the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 46383.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

	No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	March 12th 1893
4.	*Place of Birth, (Street and Number)*	712 Ramsay Street
5.	*Full Name of Mother,*	Augusta Harmann
6.	*Mother's Maiden Name,*	Augusta Lang
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Friederich Harmann
9.	*Father's Occupation,* B & O	Rail Road Employee
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	Helegunda Schleifer
	Address,	644 S. Paca Street
	Remarks,	

8930001345

The duty of the person or parties required by the above section to report its birth to the Commissioner of Health, is the master and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered before fines and forfeitures are recoverable

RETURN OF A BIRTH.

4384.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	12 March 1893
4. Place of Birth (Street and Number)	3½ 6th door E. of Bradley st
5. Full Name of Mother	Mary M. C. O'Rourke
6. Mother's Maiden Name	Mary McCarthy
7. Mother's Birthplace	Woodbury Md
8. Full Name of Father	James O'Rourke
9. Father's Occupation	Mechanic
10. Father's Birthplace	Woodbury Md
Name of Medical Attendant, or other Person who makes this Return.	A. Atkinson M.D.
Address	# 2101 Maryland Ave
Remarks	

8930001346

RETURN OF A BIRTH. A 4638.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6"

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12 1893
4. Place of Birth, (Street and Number) No 5 Heath Street
5. Full Name of Mother, Elizabeth Kercher
6. Mother's Maiden Name, Elizabeth Kremmel
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, Gotlieb Kercher
9. Father's Occupation, Steamster
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, Mother person who makes this Return, Elizabeth Hinton

Address, No 1422 Hanover St

Remarks,

8930001347

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 46380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 1, 1893

4. Place of Birth, (Street and Number) 1316 N. Eldersleigh St

5. Full Name of Mother, Etta Harrison

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Heatrison

9. Father's Occupation Taylor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Marie Elias

Address, 1312 N. Eldersleigh St

Remarks,

1893000 1348

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 46387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 t

1. *Sex, (state whether male or female)* Bube
2. *Race or Color, (if not of the white race)* Witte
3. *Date of Birth,* 14 Mer 1893
4. *Place of Birth, (Street and Number)* Koos St No 211
5. *Full Name of Mother,* Lise Bärbara
6. *Mother's Maiden Name,* Gräuse
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georg Barbara
9. *Father's Occupation* Work Mann
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Karoline Straag Fort Eby No 434

Remarks,

8930001349

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46388

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 15
4. Place of Birth (Street and Number)	No 2 S. Calhoun
5. Full Name of Mother	Emma J M. Sugden Reid
6. Mother's Maiden Name	Emma J M. Sugden
7. Mother's Birthplace	Ireland
8. Full Name of Father	Geo Reid
9. Father's Occupation	Clergyman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Robt K Kneas
Address	220 N Gilmor St
Remarks	

8930001350

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	March 13th, 1895
4. Place of Birth, (Street and Number)	654 Bradley St.
5. Full Name of Mother,	Susan Thomas
6. Mother's Maiden Name,	Susan Johnson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Thomas
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Amanda Taylor-Norris M.D.
Address,	871 Harlem Ave
Remarks,	

A 4638

B 9300135

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 46390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 13, 1893

4. Place of Birth, (Street and Number) 24 Rose St.

5. Full Name of Mother, Sarah T Holmes

6. Mother's Maiden Name, Sarah Stevens

7. Mother's Birthplace, Princess Anne Md

8. Full Name of Father, Joseph Holmes

9. Father's Occupation Sexton

10. Father's Birthplace, St Louis Missouri

Name of Medical Attendant, or other person who makes this Return, Hester Constance

Address, 609 Preston St.

Remarks,

1893000 1352

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 12th 1893

4. Place of Birth, (Street and Number) # 22 N. Castle Street

5. Full Name of Mother, Martha Thomas

6. Mother's Maiden Name, Simpson

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John E. Thomas

9. Father's Occupation, Laton.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this return, Susan Hooper

Address, # 123. N Durham St.

Remarks, 1893000013 53

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 46397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 14th 1893
4. Place of Birth, (Street and Number) 844 Pine St Balto Md
5. Full Name of Mother, Mary Harkins
6. Mother's Maiden Name, Mary Hardy
7. Mother's Birthplace, Stamford Co Md
8. Full Name of Father, Neale Harkins
9. Father's Occupation, Oyster Shucker
10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other person who makes this Return. Mary F. Holland

Address, 165 Tyson Street

Remarks, 10 days labor and very small and weak child

8930001354

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1893

BRS. J. D. BULANY & SON, CITY PRINTERS AND STATIONERS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A-46393

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 11 1893
4. Place of Birth (Street and Number)	1039 Bare al
5. Full Name of Mother	Emma Weegman
6. Mother's Maiden Name	Emma Hoffman
7. Mother's Birthplace	Balto City Md
8. Full Name of Father	Charles Weegman
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who make this Return.	J Edward Kirby MD
Address	645 Columbia Ave
Remarks	

1893000 1355

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4639

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 14th 1893 4. o'clk a.m.

4. Place of Birth, (Street and Number) 5 E. Col. Ave. Mount + Fayette Sts.

5. Full Name of Mother, Lilly Katzenberger

6. Mother's Maiden Name, Lilly Chalmers

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Frank J. Katzenberger

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. A. H. Carlton M.D.

Address, 136 N. Leyden St.

Remarks, 8930001

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the use of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A46395.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 14th 1893
4. *Place of Birth, (Street and Number)* Eaton House.
5. *Full Name of Mother,* Mary Russell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Utica, N.Y.
8. *Full Name of Father,* Chas. Russell
9. *Father's Occupation,* Adjutor.
10. *Father's Birthplace,* Fort Worth Colo.

Name of Medical Attendant, or other person who makes this Return. Phillip Sturm

Address, 712 N. Fremont St.

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

1893000 1357

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13,

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14th 1893
4. Place of Birth, (Street and Number) 120 of Gilmor St
5. Full Name of Mother, Martha Jane Thomas
6. Mother's Maiden Name, Martha Jane Eskridge
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, County Thomas
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr Jos. Thos

Address, 1325 S. Charles St

Remarks, 1893000 1358

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

46397

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* August 14 93.
4. *Place of Birth, (Street and Number)* 1... E. of Pulaski Corner
5. *Full Name of Mother.* Fanny Gilson
6. *Mother's Maiden Name,* Hyatt Clark
7. *Mother's Birthplace.* Baltimore Md
8. *Full Name of Father.* Arthur Gilson
9. *Father's Occupation.* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs. Lowe

Address, 402 E. Pulaski St.

Remarks.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

h Co., City Printers and Stationers.

1893000 1359

RETURN OF A BIRTH. 46398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 14 March
4. *Place of Birth, (Street and Number)* 1309 H. Alley
5. *Full Name of Mother,* H Enriettes Wright
6. *Mother's Maiden Name,* H Enriettes H Lynch
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Wm H Wright
9. *Father's Occupation* Huckster
10. *Father's Birthplace,* Queen Anne's Co Md

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 401 Lewis St.

Remarks, Colored Enriettes

1893 0001360

Wm. J. C. Dulany Co., City Printers and Stationers

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 46399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 15 1893
4. Place of Birth (Street and Number),	618 Eastern Av.
5. Full Name of Mother,	Annie Brewer
6. Mother's Maiden Name,	Annie White
7. Mother's Birthplace,	New York State
8. Full Name of Father,	Jno. Brewer
9. Father's Occupation,	Junk Dealer
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Wm Mansfield M.D.
Address,	129 S Broadway
Remarks,	

8 9 3 U 0 0 1 3 6 1

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH, A 46400

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 1883

name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 15 1883
4. *Place of Birth, (Street and Number)*	127 Cathay
5. *Full Name of Mother*	Nellie Selby
6. *Mother's Maiden Name*	Wright
7. *Mother's Birthplace*	Petersburg Va
8. *Full Name of Father*	William Selby
9. *Father's Occupation*	Druggist
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	Wm Lewis M.D.
Address	1209 Pennsylvania Ave
Remarks	Child died after breathing once or twice. Cause Asphyxia Congenital 8936 8936

RETURN OF A BIRTH. A 16401.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Males
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16 1893
4. Place of Birth, (Street and Number) 1411 Light st.
5. Full Name of Mother, Kate R. V. Rose
6. Mother's Maiden Name, Blondell
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Francis E. Rose
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Sweden Orth M.D.

Address, 911 N. Charles St

Remarks, Baltimore Md.

1893000 1363

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46407

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 16 - 1893

4. Place of Birth (Street and Number) 146 E. Hughes St.

5. Full Name of Mother Helen May Hauf

6. Mother's Maiden Name " " Bowen

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Geo. A. Hauf

9. Father's Occupation Insurance Agent

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Charles Gelb. M.D. 612 N. Carey St.

Address

Remarks

* Shall be filled in by the Registrar.

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 46453.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17th 1893
4. Place of Birth, (Street and Number) 106 S. Arlington Ave
5. ~~Full Name of Mother~~ Maiden Name Mary E. McHenley
6. ~~Mother's Maiden Name~~ Full name of Mother Mary E. Hunter
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, James J. Hunter
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Joseph Chandler, Jr.

Address, 1095 W. Fayette St.

Remarks, B 8 3 0 0 0 1 3 6 5

P. C. L. C.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

shall occur without the attendance of a physician or practitioner of midwifery, on whom no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

No. 46404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	F
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Mar 1st 1893
4. *Place of Birth, (Street and Number)*	1138 24th St
5. *Full Name of Mother,*	Flora M Curtis
6. *Mother's Maiden Name,*	Hunelton
7. *Mother's Birthplace,*	Vermont
8. *Full Name of Father,*	Newton E Curtis
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Vt
Name of Medical Attendant, or other person who makes this Return.	E C Winslow
Address,	1900 Mt Royal Terrace
Remarks,	

8 9 3 0 0 0 1 3 6 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

... J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-17-55

RETURN OF A BIRTH, A 176405.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Leo Joseph Molloy

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 3rd 1893
4. *Place of Birth, (Street and Number)* 1822. Saratoga st
5. *Full Name of Mother* Maude Molloy
6. *Mother's Maiden Name* Maude Sheehan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Jno. M. Molloy
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. W. H. McClure

Address 1401 Linden ave

Remarks

1893 0 0 0 1 3 6 7

Name of the mother of such child or children.

RETURN OF A BIRTH A 46406.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & 9th
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Mar 4 1893
4. *Place of Birth, (Street and Number)*	1900 Mt Royal Terrace
5. *Full Name of Mother,*	Rebecca L Winslow
6. *Mother's Maiden Name,*	Leiper
7. *Mother's Birthplace,*	Penna
8. *Full Name of Father,*	Dr Randolph Winslow
9. *Father's Occupation,*	physician
10. *Father's Birthplace,*	N.C.
Name of Medical Attendant, or other person who makes this Return.	Dr R. Winslow
Address,	1900 Mt Royal Terrace
Remarks,	

1893000013 68

J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5 1893
4. Place of Birth, (Street and Number) 620 Eighth Ave
5. Full Name of Mother, Ina Brown
6. Mother's Maiden Name, Ina Schultz
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George Brown
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, C A Brooks

Address, 1838 Light St

Remarks, Born at Home

1893 0001369

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the mother, immediately thereafter it shall become the duty of the physician, midwife, or other person in attendance upon the mother, immediately thereafter it shall become the duty of the physician, midwife, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 14608

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* March 6th 1893
4. *Place of Birth, (Street and Number)* 1403 Linden ave
5. *Full Name of Mother* Helen Boyleskie
6. *Mother's Maiden Name* Helen Levi
7. *Mother's Birthplace* Germany
8. *Full Name of Father* A. Boyleskie
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return J. McClure

Address 1401 Linden ave.

Remarks

1893000 1370

Name of the Mother of such child or children.

RETURN OF A BIRTH E 46409.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* 12th of March
4. *Place of Birth, (Street and Number)* 5th & 12 & Monlane
5. *Full Name of Mother.* Florence Johnson
6. *Mother's Maiden Name.* Florence Rigdy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father.* Richard Johnson
9. *Father's Occupation,* Brick maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Jennie Carson

Address, 831 Stockling Street

Remarks, Well

8930001371

...ance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the matter and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...NEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 46440.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 12 1893
4. Place of Birth, (Street and Number) 836 W Lexington
5. Full Name of Mother, Lillie Stiffe
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Stiffe
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Cora Belle Brumbo M.D

Address, 1a 27 Madison ave

Remarks, 1893000 1372

Penalty for neglect.—It shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with all other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. No. 46411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. 13 March 1893

4. Place of Birth, (Street and Number) 1525 Light St

5. Full Name of Mother, Florence Roberts

6. Mother's Maiden Name, Florence Burke

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George Henry Roberts

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. C. A. Brooks

Address, 1525 Light St

Remarks, 1893 0001373

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 16417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13 1893
4. Place of Birth, (Street and Number) 38 N Patterson Park Ave
5. Full Name of Mother, Helen L McGuire
6. Mother's Maiden Name, Helen Gover
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John G McGuire
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J T Spielman M D

Address, 14 N Patterson Park Ave

Remarks,

8 9 3 0 0 0 1 3 7 4

The father, mother, householder, or other person having charge of any child hereafter born, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 46413.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 17/93
4. *Place of Birth, (Street and Number)*	946 Hollins st
5. *Full Name of Mother,*	Emma R. Lenz
6. *Mother's Maiden Name,*	" " Baylis
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	August E. Lenz
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Chas. E. Gibbons M.D.
Address,	833 Edmondson Ave
Remarks,	Premature Birth

8930001375

...ed to report the number, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...J. C. BULLEY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E 4644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 17 1893
4. *Place of Birth, (Street and Number)*	City Carlton st 1120
5. *Full Name of Mother,*	Lyyia williams
6. *Mother's Maiden Name,*	33 Lyyia nelson
7. *Mother's Birthplace,*	33 Richmond va
8. *Full Name of Father,*	Charles williams
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Belfarrie va
Name of Medical Attendant, or other person who makes this Return,	Jane Warren
Address,	1131 Parish st
Remarks,	1893000137 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 40440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Mar. 17. 1893
4.	*Place of Birth, (Street and Number)*	615 Lewis st.
5.	*Full Name of Mother,*	Mary E. Wareheim
6.	*Mother's Maiden Name,*	" " Riepenider
7.	*Mother's Birthplace,*	Balto. Md.
8.	*Full Name of Father,*	Oliver D. Wareheim
9.	*Father's Occupation,*	Jeweller.
10.	*Father's Birthplace,*	Carroll Co. Md.
	Name of Medical Attendant, or other person who makes this Return,	A. Edward Janney M.D.
	Address,	837 N. Eutaw st
	Remarks,	1893 0001377

Immediately upon the birth of any child hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 14646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 17 '93
4. Place of Birth, (Street and Number) 581 Preston St.
5. Full Name of Mother, Lizzie Taylor
6. Mother's Maiden Name, Lizzie Taylor
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Robinson
9. Father's Occupation Horse Carrier
10. Father's Birthplace, Essex Co. Va.

Name of Medical Attendant, or other person who makes this Return, E Earnestson

Address, 532 Madison Ave.

Remarks,

1893 0001378

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 18th 1893
4. Place of Birth, (Street and Number)	1738 N. Broadway
5. Full Name of Mother,	Henrietta M. Hard
6. Mother's Maiden Name,	Henrietta M. Nicolls
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Robert L. Hard
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	A. G. Gratson
Address,	1307 E. Centre
Remarks,	8930001379

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18
4. *Place of Birth, (Street and Number)* 219 W. Mulbery St
5. *Full Name of Mother,* Mary A. Donaldson
6. *Mother's Maiden Name,* Mary A. Malone
7. *Mother's Birthplace,* Colleenville Connecticut
8. *Full Name of Father,* W. J. Donaldson
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other person who makes this Return, Cellestia Cook

Address, 744 Bradley St

Remarks,

1893000 1380

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 8 months colored

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) male

3. Date of Birth, March 28

4. Place of Birth, (Street and Number) 315 Lewis St

5. Full Name of Mother, Philapena Stor

6. Mother's Maiden Name, Lehmann

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Geo Stor

9. Father's Occupation Tailor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M R Illig

Address, 1302 Lexington St

Remarks, 1893 0001381

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Mar. 19, 1893
4. Place of Birth, (Street and Number) 1104 Linden ave -
5. Full Name of Mother, Margaret Rodemyer
6. Mother's Maiden Name, " Owens.
7. Mother's Birthplace, City -
8. Full Name of Father, John E. Rodemyer
9. Father's Occupation, Janitor.
10. Father's Birthplace, City -

Name of Medical Attendant, or other person who makes this Return, Dr Edward Janney 2nd

Address, 837 N Eutaw St

Remarks,

1893000 1382

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

498 J. D. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 4621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 19" 93
4. *Place of Birth, (Street and Number)*	1129 Brevard St.
5. *Full Name of Mother,*	Katie Sewell
6. *Mother's Maiden Name,*	Katie Sewell
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Wm Heggeman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Albert Hadel M.D.
Address,	1143 Park Ave
Remarks,	Baltimore

1 8 9 3 0 0 0 1 3 8 3

Give notice upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 14477

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 20th/73
4. *Place of Birth, (Street and Number)*	900 W. Mulberry
5. *Full Name of Mother,*	Mrs Emma Hynes
6. *Mother's Maiden Name,*	Wendhoff
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Wm F. Hynes
9. *Father's Occupation,*	Brick layer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	R F Hill M D
Address,	1001 Edmondson Ave
Remarks,	

893000013841

PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 46493.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 8.
4. *Place of Birth, (Street and Number)*	2045 E. Hoffman
5. *Full Name of Mother,*	Barbara Stanuch
6. *Mother's Maiden Name,*	Barbara White
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert Frank Stanuch
9. *Father's Occupation*	Iron Moulder
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Dr. Gilbert MD
Address,	1049 N. Broadway
Remarks,	1893 0001385

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	9 March th 1893
4. *Place of Birth, (Street and Number)*	634 Cider alley
5. *Full Name of Mother,*	Mary Garner
6. *Mother's Maiden Name,*	Mary Clark
7. *Mother's Birthplace,*	St Marys Co Md
8. *Full Name of Father,*	James Garner
9. *Father's Occupation,*	laborer
10. *Father's Birthplace,*	Prince George Co
Name of Medical Attendant, or other person who makes this Return,	Charlotte Williams
Address,	910 Eldenhall St
Remarks,	fine Dollar

1893000013866

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to promptly with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 176476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 9th - 93
4. *Place of Birth, (Street and Number)*	1921 Linden Ave
5. *Full Name of Mother,*	Sarah Lowenstein
6. *Mother's Maiden Name,*	" Lineran
7. *Mother's Birthplace,*	Philadelphia Pa
8. *Full Name of Father,*	Sigmund Lowenstein
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Thomas O'Dee
Address,	600 N. Howard St.
Remarks,	6930001387

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 William H. Nicholas A.J.C. 5/12/20
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 10 1893
4. Place of Birth, (Street and Number)	24 E. Hoffman ave
5. Full Name of Mother,	Maggie Nicholas
6. Mother's Maiden Name,	Maggie Downing
7. Mother's Birthplace,	Bella Ind
8. Full Name of Father,	Zachariah Nicholas
9. Father's Occupation	Hostler
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return,	C. A. Brooks
Address,	1525 Light St
Remarks,	Living Well
	1893 0 0 0 1388

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 1647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13 1893
4. Place of Birth, (Street and Number) 1502 W La Fayette ave
5. Full Name of Mother, Mary Rine
6. Mother's Maiden Name, Wright
7. Mother's Birthplace, Caroline Co Va
8. Full Name of Father, Chas L Rine
9. Father's Occupation, Newsdealer & Stationer
10. Father's Birthplace, Frederick Md

Name of Medical Attendant, or other person who makes this Return, Dora L Fetterhoff M.D.

Address, 905 N Gilmor St

Remarks, Normal

1893 0001389

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 46478

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether ~~1st~~, 2d, ~~3d, &c.~~*)

1. *Sex,* (*state whether ~~male or~~ female*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* March 13th 1893
4. *Place of Birth,* (*Street and Number*) 213, W. Centre St.
5. *Full Name of Mother* Maggie M. Shreck
6. *Mother's Maiden Name,* " " Turner
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Harry E. Shreck
9. *Father's Occupation,* Sign Painter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 800 N. Broadway

Remarks,

1893 0001390

PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 14629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13th 1893
4. Place of Birth, (Street and Number) 1517 Clinton St.
5. Full Name of Mother, Livia M. Miller
6. Mother's Maiden Name, Livia M. Schwartzkopf
7. Mother's Birthplace, Marietta Pa
8. Full Name of Father, Henry C. F. Miller
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23d & Payson St

Remarks, 1893000 1391

To the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 16430.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* March 16 1893
4. *Place of Birth, (Street and Number)* 25 E Randall St
5. *Full Name of Mother,* Annie Hope
6. *Mother's Maiden Name,* Annie Pellinger
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Hope
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. C. A. Brooks

Address, 25 E Lexington St

Remarks, Doing well

1 8 9 3 0 0 0 1 3 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 16431.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth, March 13th 1893
4. Place of Birth, (Street and Number) No 136 Gen Alley
5. Full Name of Mother, Fannie Richards
6. Mother's Maiden Name, " Williams
7. Mother's Birthplace, Middleneck Md.
8. Full Name of Father, George Richards
9. Father's Occupation, Farmhand
10. Father's Birthplace, ~~Baltimore Md~~ Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Fannie Myers

Address, No 223 Eday St.

Remarks, 1893 0001393

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46/80V.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 22 1893

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th day of March 1893

4. Place of Birth, (Street and Number) 1318 Penna Ave

5. Full Name of Mother, Mary E Conroy

6. Mother's Maiden Name, Mary E Quinn

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Daniel Conroy

9. Father's Occupation, Horse Shoer

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Susan Hinton

Address, 23 St Paul St

Remarks, 8930001394

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46433.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ~~Carl~~ Thomas Hanley

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	March 16th 1893
4.	*Place of Birth, (Street and Number)*	1432. Patapsco. St
5.	*Full Name of Mother,*	Matty. Jane. Hanley
6.	*Mother's Maiden Name,*	Matty Jane Wakeley
7.	*Mother's Birthplace,*	Harford. county. Md
8.	*Full Name of Father,*	Thomas. henry. Hanley
9.	*Father's Occupation,*	Machinice
10.	*Father's Birthplace,*	Baltimore. Md
	Name of Medical Attendant, or other person who makes this Return,	Ellenora. a. anderson
	Address,	1434. Patapsco. St
	Remarks,	1893000 1395

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

108 J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 46431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 16th of March 5 a M
4. Place of Birth, (Street and Number) 1535 N. Gapital Street
5. Full Name of Mother, Mary Blanche Cummings
6. Mother's Maiden Name, Carlyle or
7. Mother's Birthplace, Durham Street Baltimore City
8. Full Name of Father, Samuel Jay Cummings
9. Father's Occupation, Music Teacher
10. Father's Birthplace, Madison Street Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1893000139 6

any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-3-64

RETURN OF A BIRTH. 1/2 46435.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ANNE W. Hennore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, March 16. 93
4. Place of Birth, (Street and Number) 225 S. Oberlin Av.
5. Full Name of Mother, Mrs. Frances Mary Whittemore
6. Mother's Maiden Name, Mrs. Tetrey
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, John Richard Whittemore
9. Father's Occupation, Supt. Electrician Iron Works (Foundry)
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, C. Cy Peck M.D.

Address, 1100 E. Balt. Md.

Remarks, Natural Delivery

8930001397

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18th 1893
4. Place of Birth, (Street and Number) 1311 W. Pratt St Balto Md
5. Full Name of Mother, Dora Elisabett Saffran
6. Mother's Maiden Name, " " Herb
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Saffran
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks,

8 9 3 0 0 0 1 3 9 8

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 March 1923

4. Place of Birth, (Street and Number) 11 E Preston St

5. Full Name of Mother, Vance Wellington

6. Mother's Maiden Name, Norma Berg

7. Mother's Birthplace, Baltimore Co Md

8. Full Name of Father, Vance Wellington

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1525 Light St

Remarks, Dying Well

1893000139 9

1893

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th (one miscarriage)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 19th 1893
4. *Place of Birth, (Street and Number)*	1717 Eutaw Ave (Park)
5. *Full Name of Mother,*	Henrietta R. Shipley
6. *Mother's Maiden Name,*	" Oals
7. *Mother's Birthplace,*	Baltimore Co
8. *Full Name of Father,*	Benj. F. Shipley
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Howard Co
Name of Medical Attendant, or other person who makes this Return.	Wm Lowe M.D.
Address,	Gardenville Balto Co
Remarks,	1893 0001400 Md.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in writing, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46439

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twelfth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 19 1873
4. Place of Birth, (Street and Number)	1 E Fayette Baltimore Md.
5. Full Name of Mother,	Henrietta Krull.
6. Mother's Maiden Name,	Henrietta Reredinger
7. Mother's Birthplace,	Germany
8. Full Name of Father,	George Krull.
9. Father's Occupation,	Cigar Maker
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Mrs. Barnes
Address,	1 E Fayette Balto Md
Remarks,	

1893 0001401

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 46440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	March 10 1893
Place of Birth, (Street and Number)	100 Fayette St
Full Name of Mother,	Mary Hunt
Mother's Maiden Name,	Mary Bader
Mother's Birthplace,	Balto Md
Full Name of Father,	William Hunk
Father's Occupation	Grocer Dealer
Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return,	C A Bracks
Address,	528 Eight St
Remarks,	Drug Wall

1893000 1402

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. A 16441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 20th 1893

4. Place of Birth, (Street and Number) 2119 Wilkins Ave, Balto

5. Full Name of Mother, Carrie Michael Riley

6. Mother's Maiden Name, Carrie Michael

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lawrance Carrol Riley

9. Father's Occupation Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Sturch M.D.

Address, 2123 Wilkins Ave

Remarks, This child was born prematurely + with a large omentocele - Died 5 Hours 10 Min 4 Days

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 14647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Mar 20, 1843
4. Place of Birth, (Street and Number) 540 Cross St
5. Full Name of Mother, Adell Fowler
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Aaron Fowler
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Abrilla Brooks

Address, 1132 Warren St

Remarks, Very ~~Dang~~ Sick not expecting to live

8/9 3000 1404

(Copies of each birth and death shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, its sex, color, the full name and occupation of its parents, the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, the person or parents of such child to report its birth to the Commissioner of Health, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JOS. J. C. DALEY & CO., CITY PRINTERS AND STATIONERS

Over

A 4443.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Boring Koller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	March 21st 93
4. Place of Birth, (Street and Number)	1018 E Preston
5. Full Name of Mother,	Kate Koller
6. Mother's Maiden Name,	Kate Loos
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	David Koller
9. Father's Occupation,	Telegraph Operator
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Daniel V Morgan MD
Address,	1200 N Eden st
Remarks,	

1893000 1405

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 46444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Estelle Talbott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March. 22nd 1893 ~~27 Fort avenue~~
4. Place of Birth, (Street and Number) 27. Fort. avenue
5. Full Name of Mother, Mattie. Leonna. Talbott
6. Mother's Maiden Name, Mattie. Leonna. La Bell
7. Mother's Birthplace, Richmond. Va
8. Full Name of Father, Joseph. P. Talbott
9. Father's Occupation, Fireman R R
10. Father's Birthplace, Howard. county. Md

Name of Medical Attendant, or other person who makes this Return, Ellenora. A. anderson

Address, 1434 Patapsco. St

Remarks,

1893 0001406

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 46466.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male W Lit

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* March 22 1893
3. *Date of Birth,* 1893
4. *Place of Birth, (Street and Number)* 1 C Pacy St
5. *Full Name of Mother,* Lye H Walk
6. *Mother's Maiden Name,* Lye H Wright
7. *Mother's Birthplace,* Harlingen W Va
8. *Full Name of Father,* Jacob H Lyle
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Harlingen W Va

Name of Medical Attendant, or other person who makes this Return, C J Brooks

Address, 623 Light St

Remarks, Doing well

6 9 3 0 0 0 1 4 0 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicone of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the persons or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, together fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1st 1893
4. *Place of Birth, (Street and Number)* 1611 Hanover St
5. *Full Name of Mother,* Mrs Lucy Hyatt
6. *Mother's Maiden Name,* Lucy Beland
7. *Mother's Birthplace,* Frederick Co Md
8. *Full Name of Father,* H G Hyatt
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Frederick Co. Md

Name of Medical Attendant, or other person who makes this Return, B F Phillips

Address, 753 W Lexington

Remarks,

1893000 1408

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 4447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Morgan F. Rogers A.D.T 1/31/20
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	March 5th 1893.
4. *Place of Birth, (Street and Number)*	2201 Oaks St.
5. *Full Name of Mother,*	Emily Pauline Rogers
6. *Mother's Maiden Name,*	Keller
7. *Mother's Birthplace,*	Rhode Island
8. *Full Name of Father,*	Wm. M. Rogers
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	N. T. Reynolds M.D.
Address,	3337 St. Paul St.
Remarks,	1893000 1409

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 6
4. Place of Birth, (Street and Number)	2610 Clarence Court
5. Full Name of Mother,	Ida Rudolph ✓
6. Mother's Maiden Name,	Ida Ryder ✓
7. Mother's Birthplace,	Baltimore ✓
8. Full Name of Father,	Frederick Rudolph ✓
9. Father's Occupation	Laborer ✓
10. Father's Birthplace,	Philadelphia ✓
Name of Medical Attendant, or other person who makes this Return,	Mrs. C. Paulatich
Address,	2859 Fulton the east
Remarks,	Rec'd 12/15

1893000 1410

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...C. Delany Co., City Printers and Stationers

RETURN OF A BIRTH. 1-4-49

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 5th 1893
4. *Place of Birth, (Street and Number)* 247 S. Exeter St.
5. *Full Name of Mother,* Mary
6. *Mother's Maiden Name,* Barnett
7. *Mother's Birthplace,* Russia Russ
8. *Full Name of Father,* Morris Goldstein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia Russ.

Name of Medical Attendant, or other person who makes this Return, Mrs Pauline Cate

Address, 207 S. High St.

Remarks,

8930001411

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46450.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6th 1893
4. *Place of Birth, (Street and Number)* 706 Light St
5. *Full Name of Mother,* Catharine McCormick
6. *Mother's Maiden Name,* Catharine Corbett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick M. Cormick
9. *Father's Occupation* Mariner
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Ann Hamilton

Address, 14 Gough Alley

Remarks,

1893 0001412

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46451.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 9th 93
4. *Place of Birth, (Street and Number)*	736 N Baltimore St
5. *Full Name of Mother,*	Minnie L Hemmer
6. *Mother's Maiden Name,*	Minnie L Stephan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	F W Hemmer
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	B F Phillips
Address,	753 W Lexington
Remarks,	

8930001413

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 16457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 R / 11

1. Sex, (~~State whether male or~~ female)
2. Race or color, (~~if not of the~~ white race)
3. Date of Birth, Mar 9/93
4. Place of Birth, (Street and Number) 1823 Aisquith St.
5. Full Name of Mother, Maggie Hahn Caulfield
6. Mother's Maiden Name, "
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, James P. Caulfield
9. Father's Occupation, Salesman
10. Father's Birthplace, England.

Name of Medical Attendant, or other person who takes this Return, E. Shultz M.D.

Address, 1507 E. Baltimore St.

Remarks, C. O. A.

1893 0001414

Note.—It shall be the duty of the parent or parents of every child born in the City of Baltimore, or in case the parent or parents shall be dead, or absent from the City, then of the person having charge of such child, to cause the name of such child to be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have said schedule shall be delivered, duly signed by the practitioner or midwife, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 4453.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 9th 1893
4. Place of Birth, (Street and Number) 1715 Hanover St
5. Full Name of Mother, Emma Gadd
6. Mother's Maiden Name, Emma Taylor
7. Mother's Birthplace, Maryland
8. Full Name of Father, Francis Gadd
9. Father's Occupation Boilermaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, D. J. Sheckells

Address, 753 W Lexington

Remarks, 1893000141 5

The Registrar of Vital Statistics will not be responsible for the errors which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 11 1893
4. *Place of Birth, (Street and Number)*	~~Hoga~~ 1123 Hanover st.
5. *Full Name of Mother,*	Maggie Mc Gray
6. *Mother's Maiden Name,*	Conar
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Mc Gray
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser Midwife
Address,	1032 Hanover st
Remarks,	

8930001416

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner Of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46455.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 15 — 1893.
4. *Place of Birth, (Street and Number)*	318 West st
5. *Full Name of Mother,*	Anna Albrecht.
6. *Mother's Maiden Name,*	Steinbock
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Fred Albrecht
9. *Father's Occupation*	Restaurant
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser. Midwife
Address,	832 Hanover st
Remarks,	

8 9 3 0 0 0 1 4 1 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 15
4. *Place of Birth, (Street and Number)*	2847 Fulton Ave west.
5. *Full Name of Mother,*	Mrs. Laura Heavel
6. *Mother's Maiden Name,*	Laura Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Heavel
9. *Father's Occupation*	Motor man Blk.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. C. Paulatich
Address,	2859 Fulton Ave West
Remarks,	

1893000141 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 18 1893.
4. *Place of Birth, (Street and Number)*	1834 Light st.
5. *Full Name of Mother,*	Lizzie Merlein.
6. *Mother's Maiden Name,*	Hendel
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Fred Merlein
9. *Father's Occupation*	Store keeper.
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	J. Lahrssen Midwife.
Address,	1032 Hanover st.
Remarks,	

1893000141 9

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 14658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 18 1893
4. *Place of Birth, (Street and Number)*	~~18~~ 1050 S Howard st
5. *Full Name of Mother,*	Mary L Schreck.
6. *Mother's Maiden Name,*	Fersch
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John A Schreck
9. *Father's Occupation*	Store-keeper
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	J. Lohmasser. Midwife
Address,	1032 Hanover st
Remarks,	

1893000001420

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 46459.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 of Oct 1893
4. Place of Birth, (Street and Number) 1009 E Lombard St
5. Full Name of Mother, Lizzie Zolberg
6. Mother's Maiden Name, Lizzie Frankel
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Zolberg
9. Father's Occupation, Ironer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Y Feldman

Address, 1013 E. Lombard

Remarks,

1893000 1421

Wm. J. C. Dulany Co., City Printers and Stationers.

4640

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 19th 1893
4. *Place of Birth, (Street and Number)* 218 N. Biddle St
5. *Full Name of Mother,* Nettie L. Tarr.
6. *Mother's Maiden Name,* Smith.
7. *Mother's Birthplace,* Hooper Co. Md
8. *Full Name of Father,* Thomas S. Tarr.
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Hooper Co Md.

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson.

Address, 1124 Park Ave.

Remarks, 1893000422

---

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 19th 1893.
4. *Place of Birth, (Street and Number)*	1945 Lanvale St.
5. *Full Name of Mother,*	Mary Helen
6. *Mother's Maiden Name,*	Mary Hall
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Della Helen
9. *Father's Occupation*	Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Christina Council
Address,	697 Harford Ave Govanstown Md
Remarks,	1893000142 3 Typ.

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 20 1893
4. *Place of Birth, (Street and Number)*	116 Hamburg st
5. *Full Name of Mother,*	Katie Karthe
6. *Mother's Maiden Name,*	Hapel.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	John Karthe.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return,	J. Lohrasser. Midwife
Address,	1032 Hanover st.
Remarks,	

1893 0 0 0 1 4 2 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 116463.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & 2nd
1. *Sex, (state whether male or female)*	Males
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	March 20th 1893.
4. *Place of Birth, (Street and Number)*	1801 N. Broadway
5. *Full Name of Mother,*	M. Agnes Busch
6. *Mother's Maiden Name,*	Dolle
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robt. R. Busch
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	H. T. Reynolds M.D.
Address,	2004 St. Paul St.
Remarks,	1893000 1425

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 4644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	W.
3. *Date of Birth,*	22 Mch. 1893.
4. *Place of Birth, (Street and Number)*	1035 N. Stricker St.
5. *Full Name of Mother,*	Kate V. Watts,
6. *Mother's Maiden Name,*	Dove,
7. *Mother's Birthplace,*	Elkton, Md.
8. *Full Name of Father,*	Thos. J. B. Watts,
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Annapolis, Md.
Name of Medical Attendant, or other person who makes this Return.	J. F. Ryle M.D.
Address,	1007 W. Lanvale
Remarks,	1893000142 6

... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

... PLAGE & CO. CITY PRINTERS AND STATIONERS

A 46465.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 22nd 1893.
4. Place of Birth, (Street and Number) No 2226 Orleans St.
5. Full Name of Mother, Fannie Rubl.
6. Mother's Maiden Name, Fannie Rubin
7. Mother's Birthplace, Balto City
8. Full Name of Father, George Rubl.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return, J. Ridgway Andre M. D.

Address, 1123 E Balto St.

Remarks, 18930001427

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4/6466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 22 1893
4. *Place of Birth, (Street and Number)*	505 Hanover st
5. *Full Name of Mother,*	Mary Boede.
6. *Mother's Maiden Name,*	Mc Call
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Jabez Boede
9. *Father's Occupation*	Horse shoe manuf.
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	J. Lohwasser. Midwife.
Address,	1032 Hanover st
Remarks,	16930001423

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~State whether male or~~ female)
2. Race or color, (~~if not of the~~ white race)
3. Date of Birth, Mar 22/93
4. Place of Birth, (Street and Number) 150 E. Oliver St
5. Full Name of Mother, Mary Flinchey
6. Mother's Maiden Name, White
7. Mother's Birthplace, City
8. Full Name of Father, John B Flinchey
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, [illegible] Md

Address, 1507 N. Gould St

Remarks, T. Q. S. 1893 0001429

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the absence of the parents, the provisions of this section shall be subject to the fine of ten (ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. A. G. SALAMY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 46468.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	~~Colored~~ White
3. *Date of Birth,*	March 23rd 93
4. *Place of Birth, (Street and Number)*	174 Dolphin St
5. *Full Name of Mother,*	Mary Andrews
6. *Mother's Maiden Name,*	Mary Stevens
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	John Andrews
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Albert K Kadel M.D.
Address,	1143 Park Ave
Remarks,	Baltimore Md

1893 MAR 26

1 8 9 3 0 0 0 1 4 3 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person, or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 46469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7/93
4. Place of Birth, (Street and Number) 1808 E Federal st Balto
5. Full Name of Mother, Mrs Mary Hess
6. Mother's Maiden Name, Mrs Mary Hook
7. Mother's Birthplace, Balto
8. Full Name of Father, C H Hess
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Burns

Address, #1600 E Chester st Balto

Remarks, 1893000143 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46470.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 9/93
4. *Place of Birth, (Street and Number)* 419 Forrest St
5. *Full Name of Mother,* Rosa Reinbach
6. *Mother's Maiden Name,* Rosa Lanisin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm F Reinbach
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return: F J Summerfield

Address, 519 E. Fayette

Remarks,

1893 0001432

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 8. 1934
4. *Place of Birth, (Street and Number)*	1020 L. Paca St.
5. *Full Name of Mother,*	Lina E. Strobel
6. *Mother's Maiden Name,*	" " Stein
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Edmond Strobel
9. *Father's Occupation*	Collector
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	C. L. Baddy Johns
Address,	418 L. Paca St.
Remarks,	6930001433

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of the first and last marriage of the parents, and the number of children born to the present mother, and the number now living. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other proper person be in attendance, it shall be the duty of the person or persons required, and shall to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be considered guilty of a misdemeanor, and on conviction thereof shall be punished by a fine of not less than five (5) dollars nor more than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12 - 1893
4. Place of Birth, (Street and Number) 625 N. Balto. St
5. Full Name of Mother, Jennie Runge
6. Mother's Maiden Name, Simpson
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, A. Albert Runge
9. Father's Occupation, Dealer in Paper Hangings
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. John Acoff M.D.

Address, 1018 Madison Ave

Remarks, 1893 0001434

Wm J. C. Dulany Co., City Printers and Stationers.

HEALTH. The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4643.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(3d)
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 14 1893
4. Place of Birth, (Street and Number)	1520 Riverside Ave
5. Full Name of Mother,	Nettie May Simmons
6. Mother's Maiden Name,	" " Bourne
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Samuel Simmons
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	L. J. Turlington
Address,	301 East Ave
Remarks,	1893 0001435

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, A 16474

GIVEN NAME ADDED 6-8-62

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Mary Ellen Burns

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 15- 1893
4. *Place of Birth, (Street and Number)* 197 Battery ave
5. *Full Name of Mother* Alice E. O Burns
6. *Mother's Maiden Name* Mary E. O Lewis
7. *Mother's Birthplace* Lt. Louis 3 mo
8. *Full Name of Father* Thomas Burns
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Conway

Address

Remarks

6 9 3 0 0 0 1 4 3 6

GIVEN NAME ADDED 4-23-51

A 4645.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Milton Frank ~~Jacobs~~

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 16 Thu 1893
4. *Place of Birth, (Street and Number)* 1108 N Central Ave
5. *Full Name of Mother,* Margaret D. Jacobs
6. *Mother's Maiden Name,* Margaret Dressell
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Lewis Jacobs
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, John H. Grimes

Address, 2100 Md ave

Remarks,

1893000 1437

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the payment of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

... J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 46476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Mar. 16, 1893
4. *Place of Birth, (Street and Number)*	# 382 Dover St
5. *Full Name of Mother,*	Charlotte Samson
6. *Mother's Maiden Name,*	Charlotte Samson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Solomon Hays
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Attilla Brooks
Address,	1132 Warner Sti
Remarks,	Doing well.

18930001438

Section. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GUS. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17/93
4. Place of Birth, (Street and Number) 1830 Belair Ave
5. Full Name of Mother, Louise Yordloff
6. Mother's Maiden Name, Louise Stallman
7. Mother's Birthplace, Balto
8. Full Name of Father, August Yordloff
9. Father's Occupation Dairy
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Banno

Address, #1600 N Gilmor St Balto

Remarks, 1893 0001439

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 4678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1—

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 18-1893
4. *Place of Birth, (Street and Number)* 308 S. Bethel st.
5. *Full Name of Mother,* Anna Maggie Krause
6. *Mother's Maiden Name,* " " Roth
7. *Mother's Birthplace,* City
8. *Full Name of Father,* William Theodor Krause
9. *Father's Occupation,* Pattern maker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. P. G. Dausehund

Address,

Remarks,

1893 0001440

GEO. J. G. BLAKEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 46479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 The
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 19/93
4. Place of Birth, (Street and Number)	2004 Lizzie St
5. Full Name of Mother,	Lizzie Headrick
6. Mother's Maiden Name,	Lizzie Markward
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Charles Headrick
9. Father's occupation	Bleacher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Bruns
Address,	# 1600 Eastern St Balto
Remarks,	1893 0001441

month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of child born to the mother; and the said return shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each month to the Commissioner of Health, and within the period above required, and shall occur without the mother, immediately after the birth, to the office of the Commissioner of Health, in the manner and within the time prescribed by this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46480.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19th 1893
4. Place of Birth, (Street and Number) 1319 W. Balto St.
5. Full Name of Mother, Elizabeth Wooderly
6. Mother's Maiden Name, Fahey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elmer Wooderly
9. Father's Occupation, Dairyman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Steff M.D.

Address, 701 N. Carrollton Ave

Remarks, 1893000 1442

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4681.

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2028 Hanover St.
4. *Place of Birth, (Street and Number)*	March 19/93
5. *Full Name of Mother,*	Louisa Trail
6. *Mother's Maiden Name,*	" Leary
7. *Mother's Birthplace,*	Balto. Co.
8. *Full Name of Father,*	Wesley Trail
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Montgomery Co.
Name of Medical Attendant, or other person who makes this return,	G. L. Buddenbohn
Address,	418 S. Paca St.
Remarks,	1893000 1443

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46481½

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

l of Mother, (state whether 1st, 2d, 3d, &c.) first child

te whether male or female) Female

Color, (if not of the white race) Colored race

Birth, ~~2~~ 21st March

Birth, (Street and Number) 618 Burgundy alley

me of Mother, Mary Ann Sargent

Maiden Name, Mary Ann Johnson

Birthplace, Baltimore

me of Father, Henry Sargent

Occupation, Lt Raymond

Birthplace, Accomack Va

Medical Attendant, or other person who makes this Return Catherine Riley

1109 Russell St

,

, 1893 0 0 0 1 4 4 4

STATIONERS.

month, and shall set forth as far as the name can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 4683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) .....

1. *Sex, (state whether male or ~~female~~)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* March 21st
4. *Place of Birth, (Street and Number)* #1401 Druid Av
5. *Full Name of Mother,* Fanny A. Lilly
6. *Mother's Maiden Name,* " " a Bibleheiser
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Jno F. Lilly
9. *Father's Occupation,* Dairyman
10. *Father's Birthplace,* Harford Co Md

Name of Medical Attendant, or other person who makes this Return. Leo G. Huck

Address, 1647 Lafayette Ave (W)

Remarks, ...

1893 0001445

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 41483.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Mar. 22 1893
4. *Place of Birth, (Street and Number)* 610 Wayne Street
5. *Full Name of Mother,* Sarah E Nash
6. *Mother's Maiden Name,* Sarah E. Hayes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Spencer Nash
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah Hooper

Address, No 610 Burgundy Alley

Remarks, 8930001446

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have died since the last return,) the date and place of birth, and the full name and occupation of its parents, the date and place of their marriage, and the full name and occupation of the person in the form of a certificate between the first child and each succeeding child, as the case may be

RETURN OF A BIRTH. A 46484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10. Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born March 22nd 1893
4. Place of Birth, (Street and Number) # 804 Frederick Ave
5. Full Name of Mother, Mrs Marie Heinsmiller
6. Mother's Maiden Name, Miss Marie Stahl
7. Mother's Birthplace, Hessen Germany
8. Full Name of Father, Adam Heinsmiller
9. Father's Occupation Saloon
10. Father's Birthplace, Hessen Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Hiller

Address, 2127 W. Pratt St

Remarks, 1893U001447

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4648.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Mar. 23, 1893.

4. Place of Birth, (Street and Number) #508 West St.

5. Full Name of Mother, Laura Parker

6. Mother's Maiden Name, Laura Means

7. Mother's Birthplace, Reisgtown Balto. Co. Md.

8. Full Name of Father, William H. Parker

9. Father's Occupation, Sailor

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Abilla Brooke.

Address, 1132 Warren St.

Remarks, Doing well

1893 0081448

The Physician or other person who shall sign a certificate of birth shall make a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BALLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 46480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23 1893
4. Place of Birth, (Street and Number) 430 Madison St Homestead
5. Full Name of Mother, Caroline Sherwood
6. Mother's Maiden Name, Mynd
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Sherwood
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return H. Young Westbrook M. D.

Address, 237 Gorsuch Avenue

Remarks, 1893 0001449

The Registrar of Vital Statistics is hereby required to procure the return of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name, age, and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office or practitioner of said Registry, or should no other person be in attendance upon the birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of said Registry, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 4485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child ~~Boy~~
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colered
3. *Date of Birth,*	friday March the 24 1893
4. *Place of Birth, (Street and Number)*	Baltimore Md 560 Forest
5. *Full Name of Mother,*	Hattie Williams
6. *Mother's Maiden Name,*	Hattie Barber
7. *Mother's Birthplace,*	West Virginia
8. *Full Name of Father,*	Alexander Williams
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Florida
Name of Medical Attendant, or other person who makes this Return.	Lucy Carmick
Address,	255 Camel alley
Remarks,	

18930001450

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been (stillborn) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 4688.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	...of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
	...Sex, (state whether male or female)	Female
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	March 24 1935
4.	Place of Birth, (Street and Number)	1638 - Thames St.
5.	Full Name of Mother,	Amelia Trantel
6.	Mother's Maiden Name,	Amelia Wagner
7.	Mother's Birthplace,	Balto Md
8.	Full Name of Father,	Henry J. Trantel
9.	Father's Occupation,	Liquor dealer
10.	Father's Birthplace,	Balto Md
	Name of Medical Attendant, or other person who makes this Return,	Dr Bastian C. H. D.
	Address,	1011 S. Broadway
	Remarks,	B 8930001451

...to report its birth to the Commissioner of Health, in t... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offense, to be recov...

...of a physician ...ediately thereafter it ...

...office o...

...d be ...

WM. J. C. BULLEY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 46489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

N. Sex, (state whether male or female) Male

12. Race or Color, (if not of the white race) Colored

13. Date of Birth, March 25th 1893

4. Place of Birth, (Street and Number) 1411 May Street

5. Full Name of Mother, Mary Broadwater

6. Mother's Maiden Name,

7. Mother's Birthplace, Pocomoke City Md

8. Full Name of Father, Little Broadwater

9. Father's Occupation, Laborer

10. Father's Birthplace, Pocomoke City Md

Name of Medical Attendant, or other person who makes this Return, J. McLaughlin M.D.

Address, 430 W Biddle Street

Remarks, Born Dead ~~Dead~~

1893000452

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly sign[illegible] he practitioner in the form of a certificate between the first and third day of each and every month to the [illegible] signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance [illegible] to the office [illegible] practitioner, or should no other person be in attendance [illegible] dance of a physician, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, [illegible] with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be rec[illegible]

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4190.

...ce Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

...hild of Mother, (state whether 1st, 2d, 3d, &c.) 5

...ate whether male or female) female

...ace or Color, (if not of the white race)

...Date of Birth, March 23d 1893

...Place of Birth, (Street and Number) Lemmon ave. 901 Balto Md

...ull Name of Mother, Ag. Tolbert

...Mother's Maiden Name, Ag. Scott

...Mother's Birthplace, Balto Md.

...ull Name of Father, Jr. Tolbert

...Father's Occupation Tinner

...Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return,

Address, Harriet Wreck 807 Hart Balto Md

Remarks,

B 93 U 0 0 1 4 5 3

...ay Co., City Printers and Stationers

RETURN OF A BIRTH A 16491.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 24th 893
4. Place of Birth, (Street and Number) 614 N Caroline St.
5. Full Name of Mother, Annie A. Christie
6. Mother's Maiden Name, Kinney
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Geo. M. Christie
9. Father's Occupation, Engineer
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, Dr. R. Britton M.D.

Address, 28 S. Broadway

Remarks, One of twins - other child still born from placenta of cord, 8 lbs 3 oz Dr. A. S. Latrie.

GEO. J. G. BALLANTY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4692

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26 1893
4. Place of Birth, (Street and Number) 415 S. Wolfe St
5. Full Name of Mother, Pauline Lewis
6. Mother's Maiden Name, Pauline Schreiber
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Lewis
9. Father's Occupation, Mariner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, H. Ballard Jr. M.D.

Address, 1700 S. Broadway

Remarks, 1893 Born 4:30 A.M.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter. If shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fee of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A/1649.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore Md.
4. Place of Birth, (Street and Number) 2332 Barclay St.
5. Full Name of Mother, Elizabeth Jane Kimberly
6. Mother's Maiden Name, Elizabeth Jane Wade
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Harry Kimberly
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Howard Nurse

Address,

Remarks,

1893 0001456

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March 8. 1893 10. O Clock a. m.
4. *Place of Birth, (Street and Number)* 303. W. Hoffman Str.
5. *Full Name of Mother,* Maggi Lee
6. *Mother's Maiden Name,* Maggi Lee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* G. Heller
9. *Father's Occupation,* Working man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Marie Lyons

Address, 303. W. Hoffman Str.

Remarks,

1893000 1457

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16 1893 10 Uhr p. m.
4. Place of Birth, (Street and Number) 303 W. Hoffman Str.
5. Full Name of Mother, Annie Edwards
6. Mother's Maiden Name, Annie Edwards
7. Mother's Birthplace, Alexandria
8. Full Name of Father, J. W. Schmid
9. Father's Occupation, Ingenieur
10. Father's Birthplace, Alexandria

Name of Medical Attendant, or other person who makes this Return, Marie Gyssa.

Address, 303. W. Hoffman Str.

Remarks,

18930001458

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 46496.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 2/4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 16. 93
4. *Place of Birth, (Street and Number)*	1214 Linden Ave
5. *Full Name of Mother,*	Armilla-Randall Martin
6. *Mother's Maiden Name,*	Armilla-Randall
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm Langley Martin
9. *Father's Occupation,*	Mechanic. New York
10. *Father's Birthplace,*	Brooklyn. N.Y.
Name of Medical Attendant, or other person who makes this Return.	J. D. Gatchell
Address,	1214 Linden Ave.
Remarks,	

1893 0001459

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 46497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 19th 93.
4. *Place of Birth, (Street and Number)*	1421 Fairmount Ave.
5. *Full Name of Mother,*	Rosa Greul
6. *Mother's Maiden Name,*	Rosa Winle
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Joseph Greul
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Wales H. A. Meyer M. D.
Address,	1019 N. Caroline st.
Remarks,	1893000 1460

...ed to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. E 46498.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 March 1899
4. Place of Birth, (Street and Number) Hubert St
5. Full Name of Mother, Kate Brake
6. Mother's Maiden Name, Kate Tiewer
7. Mother's Birthplace, Waterford Ireland
8. Full Name of Father, Richard W. Brake
9. Father's Occupation, Labor
10. Father's Birthplace, Waterford Ireland

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Aisquith St

Remarks, 18930001461

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Comptroller of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 th
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* March 22 nd 1892
5. *Place of Birth, (Street and Number)* No 1127 Anthony st
6. *Full Name of Mother,* Barbara Griener
7. *Mother's Maiden Name,* Farge
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* George Griener
10. *Father's Occupation* Baker
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, No 1907 E Monument st

Remarks, 1893U001462

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 46500.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 23rd 93.
4. *Place of Birth, (Street and Number)*	1914 E. Chase str.
5. *Full Name of Mother,*	Rosa R. Steen
6. *Mother's Maiden Name,*	Rosa R. Keithley
7. *Mother's Birthplace,*	Harford Co
8. *Full Name of Father,*	Gel. W. Steen
9. *Father's Occupation,*	Can Maker
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other person who makes this Return.	Charles K.A. Meyer M.D.
Address,	1019 N. Caroline str.
Remarks,	1893 0001463

Months, and shall set forth as far as the same can be ascertained the full name, sex, color, the date and place of birth, and the name and occupation of its parents, the date and place of birth, and the name and occupation of its parents, the date and place of birth, and the name and occupation of its parents

RETURN OF A BIRTH. A 46501.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 23rd 1893
4. Place of Birth, (Street and Number) No 2018 Chase Str.
5. Full Name of Mother, Christina Whitehair
6. Mother's Maiden Name, Keisler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Whitehair
9. Father's Occupation Cabinetmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mr Louis Gross

Address, No 1907 E. Monument Str

Remarks, 893000 1464

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Mar 23 - 93.
4. *Place of Birth, (Street and Number)* Potomac st near Monument.
5. *Full Name of Mother,* Caroline Tate
6. *Mother's Maiden Name,* Caroline Taylor.
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Hiram Tate
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Westmoreland Co Va.

Name of Medical Attendant, or other person who makes this Return, J. E. Schofield M.D.

Address, Orangeville Balto Co Md.

Remarks,

1893 0001465

WM J C DULANY CO CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 16503.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the first

1. Sex, (state whether male or female) Femail
2. Race or Color, (if not of the white race) White
3. Date of Birth, March the 24 = 1893
4. Place of Birth, (Street and Number) West Lees st No 214
5. Full Name of Mother, Noah Stanton
6. Mother's Maiden Name, Noah Foster
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Franklin Stanton
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, No Doctor

Address, Mrs Maggie A. Tinkson No 14 So. Lees st

Remarks,

1893 0 0 0 1 4 6 6

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 11504.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 24th 1893
4. Place of Birth, (Street and Number) 47 Liberty St Waverly
5. Full Name of Mother, Maggie V. Gaskins
6. Mother's Maiden Name, " " Gardner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel M. Gaskins
9. Father's Occupation "Valley" man
10. Father's Birthplace, South America

Name of Medical Attendant, or other person who makes this Return, R G Rawlins M D

Address, Waverly Station Baltimore

Remarks, 1893 0001467

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 46305.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 25 1853
4. *Place of Birth, (Street and Number)*	30 Jackson St Homestead
5. *Full Name of Mother,*	Lizzie Forster
6. *Mother's Maiden Name,*	Burnette
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Jamd F. Forster
9. *Father's Occupation,*	Gardner
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	H. Young, Methodist M.D.
Address,	237 Gorsuch Avenue
Remarks,	

1893 0001468

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 46506.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25. 1893. 2 30 o'clock a. m.
4. Place of Birth, (Street and Number) 303. W. Hoffman Ste
5. Full Name of Mother, Mrs. Kitti Dowsen
6. Mother's Maiden Name, Kitti Bollend
7. Mother's Birthplace, Charleston S. C.
8. Full Name of Father, Jams. L. Dowsen.
9. Father's Occupation, Trucks Freight
10. Father's Birthplace, Charleston S. C.

Name of Medical Attendant, or other person who makes this Return, Marie Ezurra.

Address, 303 W. Hoffman Ste.

Remarks,

1893000 1469

month, and shall set forth as far as can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said school every month to the officer or practitioner the duty of the period above required, and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the time of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. D. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 26. 93. 3.0 Glock a. m.
4. Place of Birth, (Street and Number) 303 W. Hoffman Ste.
5. Full Name of Mother, Annie Miller
6. Mother's Maiden Name, Annie Miller
7. Mother's Birthplace, Washington
8. Full Name of Father, Christian Zeitinger
9. Father's Occupation, Druggist
10. Father's Birthplace, St Louis

Name of Medical Attendant, or other person who makes this Return, Marie Ozana

Address, 303 W. Hoffman Ste.

Remarks,

1893 0001470

and shall set forth as far as the same can be ascertained the full name of each child; if any shall have died unnamed, the fact shall be stated; and the full name and occupation of its parents, the date and place of the first and last marriage between them, and the date and place of birth; and the number of children born to the mother, including the last birth, and the number now living. In case the birth of any child has been concealed, its sex, color, the fact of its having been born dead, and the cause of death, shall be stated. In case the birth of any child shall be delivered, duly signed by the practitioner in the form of a certificate between of the first and said schedule shall be delivered, duly signed by the practitioner of Health, or should no other person be in third day of each month to the office of the Commissioner of Health, or should no other person be in attendance of any child hereafter it shall become the duty of the person or parents of such shall occur without the mother, immediately on the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions and forfeitures are recoverable jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 46508.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (~~*state whether 1st, 2d, 3d, &c*~~)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or color,* (~~*if not of the white race*~~)
3. *Date of Birth,* March 26th 1893
4. *Place of Birth,* (*Street and Number*) 102 North Broad St
5. *Full Name of Mother,* Elizabeth Grever
6. *Mother's Maiden Name,* " Branhardt
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis Grever
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Asst Shertzer M.D.

Address, 15 N. Preston St

Remarks, 18930001471

1893

~~*Whoever shall refuse to give the same can be ascertained the full name of each child, (if any shall have*~~ ~~*been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the*~~ ~~*said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and*~~ ~~*third day of each and every month to the office of the Commissioner of Health. In case the birth of any child*~~ ~~*shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in*~~ ~~*attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such*~~ ~~*child to report its birth to the Commissioner of Health, in the manner and within the period above required, and*~~ ~~*any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-*~~ ~~*jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.*~~

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 46504

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

---

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Primipara
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 27th 1893 3 a m.
4. *Place of Birth, (Street and Number)*	926 N. Arlington ave
5. *Full Name of Mother,*	Catherine Mulroy
6. *Mother's Maiden Name,*	Catherine Cawley
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	William Mulroy
9. *Father's Occupation,*	Machinist P B & R R.
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	A H Sexton. M D.
Address,	
Remarks,	Eclampsia fm 8 hours. fr cap delivery

1893 U 001472

...T & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 46510.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 5 1893
4. *Place of Birth, (Street and Number)*	847 Woodyard St Baltimore MD
5. *Full Name of Mother,*	Mary A. Allen
6. *Mother's Maiden Name,*	Mary A. Fitzenberger
7. *Mother's Birthplace,*	Baltimore MD
8. *Full Name of Father,*	Peter R. Allen
9. *Father's Occupation*	Tinner
10. *Father's Birthplace,*	Baltimore MD
Name of Medical Attendant, or other person who makes this Return,	Mrs Bauer
Address,	711 Ennis St
Remarks,	

1893 00 31473

...; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 7th
4. Place of Birth, (Street and Number) 851 Reinhart St Balto
5. Full Name of Mother, Amanda Buhl
6. Mother's Maiden Name, Amanda Hubbert
7. Mother's Birthplace, Dorchester county Md
8. Full Name of Father, William Louis Buhl
9. Father's Occupation Piano maker Varnisher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, [illegible] Hilburn St.

Remarks, 1893000147 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46517.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 March 1893
4. Place of Birth, (Street and Number) Burgundy alley 923.
5. Full Name of Mother, Mary Bachmann
6. Mother's Maiden Name, Mary Keller
7. Mother's Birthplace, Germany
8. Full Name of Father, Christ Bachmann
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Barry

Address, 711 Eutaw St.

Remarks, 1893 0 0 0 1475

Wm. J. C. Dulany Co., City Printers and Stationers

The name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46513.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 9th 1893
4. *Place of Birth, (Street and Number)*	434 N. Eden St.
5. *Full Name of Mother,*	Elizabeth Daus
6. *Mother's Maiden Name,*	Elizabeth Dellmann
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John Daus
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Eagen
Address,	711 Bond St
Remarks,	1893 0001476

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 46574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, March 9th 1893
4. Place of Birth, (Street and Number) 1507 N Dallas St
5. Full Name of Mother, Mary Ann Gulden
6. Mother's Maiden Name, " " Baker
7. Mother's Birthplace, E Berlin Pa
8. Full Name of Father, David J A Gulden
9. Father's Occupation, Painter
10. Father's Birthplace, New Oxford Pa

Name of Medical Attendant, or other person who makes this Return. R E Davis M.D.

Address, 1307 E Baltimore St

Remarks,

1893000 1477

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10th of March
4. *Place of Birth, (Street and Number)*	797 St Peters Str Baltimore
5. *Full Name of Mother,*	Julia Magaretha Körtsch
6. *Mother's Maiden Name,*	Julia Magaretha Rohde
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Francis H Körtsch
9. *Father's Occupation*	Hatter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Bunge
Address,	141 Low St.
Remarks,	

1893000147 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46576.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 March 1893

4. Place of Birth, (Street and Number) 1171 Pinkney St.

5. Full Name of Mother, Helena Varbringer

6. Mother's Maiden Name, Helena Yeng.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Paul Varbringer

9. Father's Occupation Cigar maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 Lime St.

Remarks, 1893000 1479

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 13th 1893
4. Place of Birth, (Street and Number) 510 E Lexington St
5. Full Name of Mother, Caroline Murray
6. Mother's Maiden Name, " Scott
7. Mother's Birthplace, Va
8. Full Name of Father, J. W. Murray
9. Father's Occupation Wagon Driver
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Caroline Murray Mrs Smith

Address, 26 East Lexington St

Remarks, Henry Heathers

Name Grace 8 9 3 0 Md 1 4 7 8 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A46518.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 one
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15 March
4. *Place of Birth, (Street and Number)*	Balto 1145 Columbia ave
5. *Full Name of Mother,*	Margarita K Scholliam
6. *Mother's Maiden Name,*	Margareta Langhorn
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Fredrick L Scholliam
9. *Father's Occupation*	Wood Carver
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	[illegible]
Address,	[illegible]
Remarks,	

1893 0001481

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the mother, immediately thereafter, it shall become the duty of the person so required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46579.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* March 17, 1893
4. *Place of Birth, (Street and Number)* Loudon Ave 1130
5. *Full Name of Mother,* Kate Creamer
6. *Mother's Maiden Name,* Kate Kramer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Creamer
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Barge

Address, 1 Penn Pl.

Remarks,

B 9 3 0 0 0 1 4 8 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH, A 46520.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 9th

1. *Sex* (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* March 18th 1893
4. *Place of Birth*, (Street and Number) 35 S. Stricker
5. *Full Name of Mother* Mary O Dorsey
6. *Mother's Maiden Name* " " Hedkamp
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Hezriah H. Dorsey
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. W. R. McClure

Address 1401 Linden Ave

Remarks

1893 0001483

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 1657.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 20/93
4. *Place of Birth, (Street and Number)*	519 Scott St. Baltimore
5. *Full Name of Mother,*	Regina Reimer
6. *Mother's Maiden Name,*	Regina Reuter
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Reimer
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo. Bauer
Address,	711 Cross St.
Remarks,	

1893 U 0 0 1 4 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, A 46533

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 21st March
4. *Place of Birth, (Street and Number)* 1233 Riverside Ave.
5. *Full Name of Mother* Mary Louisa Fox
6. *Mother's Maiden Name* Mary Louisa Fox
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph John Fox
9. *Father's Occupation* Cabinet Manmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Conway

Address

Remarks

1893 0001485

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. B 46573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 22-1893.
4. *Place of Birth, (Street and Number)*	32 Hamilton St.
5. *Full Name of Mother,*	Mary Jackson
6. *Mother's Maiden Name,*	Mary Kane
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thomas Jackson
9. *Father's Occupation,*	Saloon keeper
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Chas. A. Wissler M. D.
Address,	1400 E. Balto. St.
Remarks,	

1893 0001486

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 46574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	18th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Col
3. *Date of Birth,*	March 22nd 1893
4. *Place of Birth, (Street and Number)*	1134 Clarkson st
5. *Full Name of Mother,*	Hester Massey
6. *Mother's Maiden Name,*	Cheaspeak city
7. *Mother's Birthplace,*	Charles Co Md
8. *Full Name of Father,*	Market Laborer
9. *Father's Occupation,*	Balto
10. *Father's Birthplace,*	Caroline Moore
Name of Medical Attendant, or other person who makes this Return.	
Address,	1049 W. West st Balto
Remarks,	1893000148 7

months, and shall set forth as far as the same can be ascertained the full name of each parent, the color, the place of birth, and the occupation of its parents, the date and place of birth, and the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, A 116575.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (~~state whether male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth March 23d 1893
4. Place of Birth, (Street and Number) 127 Fayette Ave
5. Full Name of Mother Jennie Whalen Fulton
6. Mother's Maiden Name "
7. Mother's Birthplace Maryland
8. Full Name of Father Frank Whalen
9. Father's Occupation Merchant
10. Father's Birthplace Maryland

Name of Medical Attendant or other Person who makes this Return. W. R. McAllister

Address 1401 Linden Ave

Remarks

1893 0001488

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 46570.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23d 93
4. Place of Birth, (Street and Number) 527 Linden Ave
5. Full Name of Mother, Flora T. Williamson
6. Mother's Maiden Name, Willard
7. Mother's Birthplace, North Carolina
8. Full Name of Father, George T Williamson
9. Father's Occupation, Merchant
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Thomas Opie M.D.

Address, 600 N Howard St

Remarks, 1893 0001489

Wm. J. C. Dulany Co., City Printers and Stationers.

If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 24 1893
4. Place of Birth, (Street and Number) 863 Hanover St Baltimore
5. Full Name of Mother, Carline Geis
6. Mother's Maiden Name, Kuhlman
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Ludwig Geis
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Burgee

Address, 711 Cross St

Remarks,

1893 0 0 0 1 4 9 0

months, and shall set forth as far as the same can be ascertained, the full name of each child; if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. No 46578.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26 of March
4. *Place of Birth, (Street and Number)*	S. 151 N. Gross st Baltimore
5. *Full Name of Mother,*	Barbara Warns
6. *Mother's Maiden Name,*	Barbara Gobler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Warns
9. *Father's Occupation,*	Glass Blower
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Gross
Address,	4 07 S. Wolfe St. Balto Md.
Remarks,	

8930001491

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the physician or practicer of midwifery, or should no other person be in shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 26th 1893
4. *Place of Birth, (Street and Number)*	653 Hoover St
5. *Full Name of Mother,*	Ada Mc Schultz
6. *Mother's Maiden Name,*	" " Fitz
7. *Mother's Birthplace,*	Blue Ridge Summit, Franklin Co. Pa.
8. *Full Name of Father,*	Frank John Schultz
9. *Father's Occupation*	Car Inspector
10. *Father's Birthplace,*	Cincinnati Ohio
Name of Medical Attendant, or other person who makes this Return,	Mrs Barnes
Address,	711 Cross St
Remarks,	

1893000001492

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A46530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th March 1893
4. Place of Birth, (Street and Number) 114 Low St.
5. Full Name of Mother, Mary Sabol
6. Mother's Maiden Name, Silver
7. Mother's Birthplace, Hungary
8. Full Name of Father, Mary Sabol
9. Father's Occupation Butcher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address,

Remarks,

1893000 1493

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46531.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 March 1893
4. *Place of Birth, (Street and Number)* 256 N. Exeter St
5. *Full Name of Mother,* Annie Baer
6. *Mother's Maiden Name,* Bernstine
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hyman Baer
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, S. Schusman

Address, 42 Allamanda St

Remarks, 1893000149 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 40537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 17th 93.
4. Place of Birth, (Street and Number) 718-W- Franklin St.
5. Full Name of Mother, Annie Louisa Shanks
6. Mother's Maiden Name, Annie L. Milhouse
7. Mother's Birthplace, Pa.
8. Full Name of Father, Wm J. B. Shanks
9. Father's Occupation, Bottling (soft drinks) Business.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Robt P. Wilson -

Address, 820 Parkam

Remarks,

1893000 1495

month, and shall set forth so far as the same can be ascertained the full name of each child of any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46533.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 March 1893

4. Place of Birth, (Street and Number) 1236 E. Fayette St. h.

5. Full Name of Mother, Fannie Brodetzky

6. Mother's Maiden Name, Ober

7. Mother's Birthplace, Russia

8. Full Name of Father, Max Brodetzky

9. Father's Occupation Cutmaker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Meyerson

Address, 72 Callender St

Remarks, 1893 0001496

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* March 25 1893

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* Mary Washington

6. *Mother's Maiden Name,* [illegible] Wilson

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Lee Washington

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Chas. Lamar

Address, # 23 N. Amity St

Remarks, 1893000149 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 46535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 29, 1893
4. *Place of Birth, (Street and Number)*	325 N Stricker St.
5. *Full Name of Mother,*	Alice Befeldt.
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Arthur Befeldt.
9. *Father's Occupation,*	Butter Dealer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	D. Harwood M.D.
Address,	939 W Fayette St.
Remarks,	

1893 0001498

...ed under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 46536.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 29th 1893
4. *Place of Birth (Street and Number)* 219 N. Calhoun St.
5. *Full Name of Mother* Gertrude Gover
6. *Mother's Maiden Name* " Robb
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* E. G. Gover
9. *Father's Occupation* School Teacher
10. *Father's Birthplace* Waterford Loudon Co. Va.

Name of Medical Attendant, or other Person who makes this Return. Charles Lee M. D.

Address 312 N. Carey St.

Remarks

1893000499

RETURN OF A BIRTH. 46537.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1516 Boyle St
4. *Place of Birth, (Street and Number)* 20th March 1893
5. *Full Name of Mother,* Kate Lancaster
6. *Mother's Maiden Name,* Zink
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Lancaster
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnew

Address, 436 E. Fort Ave

Remarks, 1893000 1500

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

46538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE MAR 31 1893 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1893.
4. Place of Birth, (Street and Number) 2516 Foster Ave
5. Full Name of Mother, Dora Hanson
6. Mother's Maiden Name, Dora Hanson Holly
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Hanson
9. Father's Occupation Editor
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Lynch Ave

Remarks,

1893 0001501

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 8-9-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Grace ~~Infant~~ Cooper

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 1st March 1893

4. Place of Birth, (Street and Number) 1425 Henry St

5. Full Name of Mother, Josephine Cooper

6. Mother's Maiden Name, Steingerwald

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Calvin Cooper

9. Father's Occupation Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yarnell

Address, 436 E Pratt St.

Remarks, 1893.0001502

month, and shall set forth as far as the same can be ascertained the full name of each child; (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 146340

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3rd, 1893
4. Place of Birth, (Street and Number) 1851 N. Gay St.
5. Full Name of Mother, Elisabeth Schraudner
6. Mother's Maiden Name, Schraudner
7. Mother's Birthplace, Germany
8. Full Name of Father, Fridrich Schraudner
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 1720 N. Collington Ave

Remarks, none

1893 0001503

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, March 3rd 1893
4. Place of Birth, (Street and Number) 927 Raborg St.
5. Full Name of Mother, Amand Lawrence
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. L. Eley M. D.

Address, 622 N. Lombard St

Remarks,

1930001504

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. ULMAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. — 46522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8 1893
4. *Place of Birth, (Street and Number)* 509 Register St.
5. *Full Name of Mother,* Maggie Kehoe
6. *Mother's Maiden Name,* Maggie Giblin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James C. Kehoe
9. *Father's Occupation* Constable
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W B Penny M.D.

Address, 700 E Eutaw St.

Remarks, 1893 00001505

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46343.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 20 1893
4. Place of Birth, (Street and Number) 622 N. Lombard st.
5. Full Name of Mother, Emis Brown
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M. D.

Address, 622 N. Lombard st.

Remarks, 1893 0001506

been conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the practitioner in the form of a certificate between the first and second days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) John B Kigenbothams male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th of May 93

4. Place of Birth, (Street and Number) 325 Striker St

5. Full Name of Mother, Susan Kigenbotham

6. Mother's Maiden Name, Susan Starkey

7. Mother's Birthplace, Balto

8. Full Name of Father, John Kigenbotham

9. Father's Occupation Laber

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Kuales Midwife

Address, 246 West Balt St

Remarks, 1893 0001507

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5th 1893.
4. Place of Birth, (Street and Number) 150 Belair ave.
5. Full Name of Mother, Fannie Darcy
6. Mother's Maiden Name, Kerr
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrick Darcy
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmina Schmidt

Address, No. 1720 N. Collington ave.

Remarks, none

1893 0001508

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46525.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 31 1893 BALTIMORE

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	March 5th 1893.
4. *Place of Birth, (Street and Number)*	1502 Lafayette Ave.
5. *Full Name of Mother,*	Fannie B Allison.
6. *Mother's Maiden Name,*	Fannie B Wright.
7. *Mother's Birthplace,*	Virginia.
8. *Full Name of Father,*	Ernest J Allison.
9. *Father's Occupation,*	Metal Worker
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other person who makes this Return.	John D Pennington M.D.
Address,	1716 Linden Ave.
Remarks,	1893000 1509

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

H. H. CARTER, M. D.
1800 W. BALTIMORE ST.

RETURN OF A BIRTH. A 46527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colid
3. Date of Birth, March 5th 1893
4. Place of Birth, (Street and Number) 1801 Vine st
5. Full Name of Mother, Emma Ray
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas. Ray
9. Father's Occupation Coachman
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mc Lean Md

Address, 1800 W. Balto st.

Remarks, 1893000151 0

been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 146548

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 5
4. *Place of Birth, (Street and Number)* Back Alley 11.12
5. *Full Name of Mother,* Katie Eisert
6. *Mother's Maiden Name,* Katie Mader
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Eisert
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Katie Meinert

Address, 810 Leadenhall Street

Remarks, 8 9 3 U 0 0 1 5 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5th 1898
4. Place of Birth, (Street and Number) 1103 Wolf St
5. Full Name of Mother, Annie Klina
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, John Klina
9. Father's Occupation, Tayler
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary Hortes

Address, 205 N Washington St, Balto Md

Remarks, 1893000151 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46330.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 8 1893

4. Place of Birth, (Street and Number) 1331 W Libourn St.

5. Full Name of Mother, Laura Lee

6. Mother's Maiden Name, Wilcox

7. Mother's Birthplace, New York City

8. Full Name of Father, H F H. Lee

9. Father's Occupation Merchant

10. Father's Birthplace, Talbot Co Md.

Name of Medical Attendant, or other person who makes this Return, J H Christian M.D.

Address,

Remarks,

1893000513

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 46631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th of May 93

4. Place of Birth, (Street and Number) 243 Schmallwood Ave

5. Full Name of Mother, Mina Rahmann

6. Mother's Maiden Name, Mina Beppel

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Rahmann

9. Father's Occupation Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kenter Midwife

Address, 216 West Hoff St

Remarks, 1893 U 0 0 1 5 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th March 1893

4. Place of Birth, (Street and Number) 2024 Wilkens Ave.

5. Full Name of Mother, Maria Müller

6. Mother's Maiden Name, Maria Vogt

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Müller

9. Father's Occupation Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friedrich Kuehn midwife

Address, 218 West Fratt St

Remarks, 1893000 1515

Wm. J. C. Dulany Co., City Printers and Stationers.

Name, and shall set forth as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 146533.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th March
4. *Place of Birth, (Street and Number)*	1117 Hanover Street
5. *Full Name of Mother,*	Adriana L. Fuller
6. *Mother's Maiden Name,*	Adriana L. Leahy
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Grafton Fuller
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Katie Linaye
Address,	1 C. Calvert Hall Station
Remarks,	6930001516

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 176536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	7th March 1893
4. *Place of Birth, (Street and Number)*	1406 Covington St
5. *Full Name of Mother,*	Elizabeth Remmey
6. *Mother's Maiden Name,*	Buckhurt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Theodore Remmey
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Elizabeth Yarnall
Address,	436 E Fort Ave
Remarks,	1893000 1517

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH No. 46533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 13 1893 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	March 7th 1893
4. *Place of Birth, (Street and Number)*	812 Pulaski St
5. *Full Name of Mother,*	Margaret F Wiglesworth
6. *Mother's Maiden Name,*	Margaret F Byrne
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	Charles G. Wiglesworth
9. *Father's Occupation,*	Editor
10. *Father's Birthplace,*	Richmond, Va.
Name of Medical Attendant, or other person who makes this Return	Francis Tetrault M.D.
Address,	871 Park ave.
Remarks,	18930001518

month, and shall set forth as far as the same can be ascertained the full name of each child if any shall have been conferred, its sex, color, the full name and occupations of its parents, the date and place of birth; and the said schedule shall be sufferer's duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E

RETURN OF A BIRTH. A 46556.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male Stanislaus
2. Race or Color, (if not of the white race)
3. Date of Birth, 9 day of March 1899
4. Place of Birth, (Street and Number) 1308 Garrett Ave Locust Point
5. Full Name of Mother, Victoria Markosky
6. Mother's Maiden Name, Victoria Jaroslasky
7. Mother's Birthplace, Russpole Russia
8. Full Name of Father, Julian Markosky
9. Father's Occupation, Labourer
10. Father's Birthplace, Russpole Russia

Name of Medical Attendant, or other person who makes this Return, Lina Müller

Address, 1402 Towson St Locust Point

Remarks, 1893 0001519

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE MADE AND FILED 7-10-56

A 46637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Paul Gaehle Clauss

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th March 93
4. *Place of Birth, (Street and Number)*	919 Schmallwood Av
5. *Full Name of Mother,*	Dorothea Clauss
6. *Mother's Maiden Name,*	Dorothea Merian
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Paul Clauss
9. *Father's Occupation*	Schoolmaster
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Bender Midwife
Address,	241 West Fort St
Remarks,	1893 0001520

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8 1893
4. Place of Birth, (Street and Number) 3234 Eastern Ave
5. Full Name of Mother, Barbara Arthurs.
6. Mother's Maiden Name, Barbara Sanders
7. Mother's Birthplace, Balto
8. Full Name of Father, Patrick Arthurs
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Eutaw St.

Remarks,

1893000 1521

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 46559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex, (state whether male or female) Female Oden May
2. Race or Color, (if not of the white race)
3. Date of Birth, 8 day of March 1899
4. Place of Birth, (Street and Number) 1451 Richardson St Locust Point
5. Full Name of Mother, Christina Kepper
6. Mother's Maiden Name, Christina Lutz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Kepper
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Linz Müller

Address, 1452 Towson St Locust Point

Remarks, 1893 0001522

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 46560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White & 1/13
3. *Date of Birth,*	March
4. *Place of Birth, (Street and Number)*	Med hung 21 M 1843
5. *Full Name of Mother,*	Mary merson
6. *Mother's Maiden Name,*	Mary rome
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Charles merson
9. *Father's Occupation*	Labrer
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other person who makes this Return,	Mrs D Kelly
Address,	1122 Wilkins Ave
Remarks,	

+ 8 9 3 0 0 0 1 5 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A/165161.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.,

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, March 8th,
4. Place of Birth, (Street and Number) No. 769 Columbia ave.,
5. Full Name of Mother, Sophia Linnemeyer,
6. Mother's Maiden Name, Müller,
7. Mother's Birthplace, Balt. City.
8. Full Name of Father, John Linnemeyer, Jr.,
9. Father's Occupation, Clerk,
10. Father's Birthplace, Balts. City.

Name of Medical Attendant, or other person who makes this Return, [signature]

Address, No. 721 Columbia Ave

Remarks,

1893 0001524

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 9 day of March 1893
4. Place of Birth, (Street and Number) 1459 Towson St Locust Point
5. Full Name of Mother, Marie Martin
6. Mother's Maiden Name, Marie Franklin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Winfield Martin
9. Father's Occupation, Brewksman
10. Father's Birthplace, An Arundel

Name of Medical Attendant, or other person who makes this Return. Lina Müller

Address, 1402 Towson St Locust Point

Remarks, 1893U001525

Every case of birth occurring after the first day of January, 1894, must be reported to the Registrar of Vital Statistics within ten days after the birth, and the certificate must state the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 14563.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 9th March 1893
4. Place of Birth, (Street and Number) 1036 Stockton st
5. Full Name of Mother, Charlotte Watkins
6. Mother's Maiden Name, Charlotte Gains
7. Mother's Birthplace, Annapolis City
8. Full Name of Father, William Watkins
9. Father's Occupation, Farm Hand
10. Father's Birthplace, Cumberland Co

Name of Medical Attendant, or other person who makes this Return, Lucinda Mitchell +

Address,

Remarks,

1893000152 6

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health, the said name and occupation of the parents, the state and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

146.364.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, March 9th 1893
4. Place of Birth, (Street and Number) 1359 Hard st.
5. Full Name of Mother, Mamie Murry
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. M. Lawson M.D.

Address, 622 N. Lombard st.

Remarks,

1893 0001527

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BALANY & CO., CITY PRINTERS AND STATIONERS.

A 46565.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4 1893

4. Place of Birth, (Street and Number) 1009 Powers Place

5. Full Name of Mother, Ida A. Lynch

6. Mother's Maiden Name, Ida A. Vogel

7. Mother's Birthplace, Germany

8. Full Name of Father, Geo Lynch

9. Father's Occupation Boiler Layer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W B Perry md

Address, 708 E 6 hare St

Remarks, T 893 0001528

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46566.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 10th March 1893
4. Place of Birth, (Street and Number) 1352 Calhoun St
5. Full Name of Mother, Elizabeth Lee.
6. Mother's Maiden Name, Elizabeth Gray
7. Mother's Birthplace, Carrol Co
8. Full Name of Father, George Lee
9. Father's Occupation, Hod Carrier
10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return, Lucinda Mitchell +

Address,

Remarks,

1893000 1529

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46557.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec. 1893

4. *Place of Birth, (Street and Number)* 1801 Penna Ave.

5. *Full Name of Mother,* Effie A. McDonald

6. *Mother's Maiden Name,* E Brown

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Jas. F. McDonald

9. *Father's Occupation* Builder

10. *Father's Birthplace,* Penna.

Name of Medical Attendant, or other person who makes this Return, J. H. Schneider M.D.

Address,

Remarks,

1893000530

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

16-38.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10th 1893
4. *Place of Birth, (Street and Number)* 205 N Wash St
5. *Full Name of Mother,* Katie Bary
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Bary
9. *Father's Occupation* Tayler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Battin

Address, 205 N Washington St.

Remarks, 1893 0 0 1 5 3 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 10th 1893
4. *Place of Birth, (Street and Number)*	42 Lemmon St
5. *Full Name of Mother,*	Emma M Young
6. *Mother's Maiden Name,*	Emma M Nagle
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm Edward Young
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Drs S Kelley
Address,	922 Wilkens Avenue
Remarks,	

1893 U 00 1532

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46570.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 1893

4. Place of Birth, (Street and Number) 325 Mc Mechen St.

5. Full Name of Mother, Laura E. Montgomery

6. Mother's Maiden Name, Gatley

7. Mother's Birthplace, Balto.

8. Full Name of Father, Eugene D. Montgomery

9. Father's Occupation Cert. Druggist

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, J. H. Hutchinson M.D.

Address,

Remarks,

1893 0 0 1 5 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. E 46571.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 10 1923
4. *Place of Birth, (Street and Number)* Ramsay st # 2011
5. *Full Name of Mother,* Mary M Smith
6. *Mother's Maiden Name,* Mary M Dean
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Scruggs Smith
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, # 1722 Wilkins ave

Remarks,

1 8 9 3 0 0 0 1 5 3 4

been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 46327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored.
3. Date of Birth, March 11th 1893
4. Place of Birth, (Street and Number) 1316 Boyd st.
5. Full Name of Mother, Lizzie Hall
6. Mother's Maiden Name.
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. L. Ely M. D.

Address, 622 N. Lombard st.

Remarks,

1893000 1535

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 16573.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11th 1893
4. *Place of Birth, (Street and Number)* 332 E Baltimore St
5. *Full Name of Mother,* Minnie A Griffith
6. *Mother's Maiden Name,* Minnie A Shoemaker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H Griffith
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelly

Address, 1922 Fillmore Ave.

Remarks, 1893000153 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Filgmale.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11 1893
4. Place of Birth, (Street and Number) 602 Rose St.
5. Full Name of Mother, Agnes Lord
6. Mother's Maiden Name, Annie Filenstine
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Lord.
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 726 Eutaw Ave.

Remarks,

1893000 1537

W. J. C. Dulany Co., City Printers and Stationers.

HEALTH DEPARTMENT BALTIMORE

RETURN OF A BIRTH A 46575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White.

3. Date of Birth, March 11th 1893

4. Place of Birth, (Street and Number) 611 E Balto. st.

5. Full Name of Mother, Caroline Brandol

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. M. Lawson M. D.

Address, 622 N. Lombard st.

Remarks,

1893 0001538

...the sex, color, the full name and occupation of its parents, the date and place of birth; and the ...conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...J. G. BLAKE & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 46576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th of March 93
4. *Place of Birth, (Street and Number)* 618 German St
5. *Full Name of Mother,* Franciska Müller
6. *Mother's Maiden Name,* Franciska Janeba
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carl Müller
9. *Father's Occupation* Cabs
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Hentz Midwife

Address, 211 West Pratt St

Remarks,

1893 0001539

been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th of March 93
4. *Place of Birth, (Street and Number)*	73 Williams str
5. *Full Name of Mother,*	Barbara Stoff
6. *Mother's Maiden Name,*	Barbara Hahnemann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jean Stoff
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuter Midwife
Address,	214 West Pratt str
Remarks,	1893U001540

been conferred: its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 16578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 12th 1893
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Louisa Handy
6. Mother's Maiden Name, Md.
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M. D.

Address, 622 N. Lombard St.

Remarks, 1893 0001541

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

F 46579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 2nd 1893
4. *Place of Birth, (Street and Number)* 622 N. Lombard St.
5. *Full Name of Mother,* Mary Harris
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M. D.

Address, 622 N. Lombard St.

Remarks,

1893 0001542

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 8-21-56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Perry Harrison Loezenstein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12 th 1893
4. Place of Birth, (Street and Number) 1014 Eutaw St.
5. Full Name of Mother, Lizzie Lowenstein
6. Mother's Maiden Name, " Brindell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. J. L. Lowenstein
9. Father's Occupation Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, W. B. Perry M.D.

Address, 700 E. Baltimore St

Remarks, 1893 0001543

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. No. 4038.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12.
4. Place of Birth, (Street and Number) 618 E. Fayette
5. Full Name of Mother, Myrtle Fouty
6. Mother's Maiden Name, " Sanders
7. Mother's Birthplace, City
8. Full Name of Father, Harry Fouty
9. Father's Occupation, Salesman
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Dr. C. Brooke Reed

Address, 571 Hanover St

Remarks, 1893 0001544

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 46387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 12th 1893
4. *Place of Birth, (Street and Number),*	435 Chapel St
5. *Full Name of Mother,*	Annie Hulka
6. *Mother's Maiden Name,*	Boheiman
7. *Mother's Birthplace,*	Hulka
8. *Full Name of Father,*	John Taylor
9. *Father's Occupation*	Bohemian
10. *Father's Birthplace,*	Mary Hofstetter
Name of Medical Attendant, or other person who makes this Return,	205 N Washington St
Address,	
Remarks,	1693000 1545

The full name of each child, if any shall have been ascertained, the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the full name and occupation of the practitioner in the form of a certificate the birth of any child been conferred; its sex, color,

RETURN OF A BIRTH.

46883.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12 th 1893
4. Place of Birth, (Street and Number) 111 Dunham St
5. Full Name of Mother, Barbara Butts
6. Mother's Maiden Name, Seamen
7. Mother's Birthplace, William Butts
8. Full Name of Father, Carpenter
9. Father's Occupation, Seamen
10. Father's Birthplace, Mary Butts

Name of Medical Attendant, or other person who makes this Return, W H Johnson MD

Address, 206

Remarks, 8930001546

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12th 1893.
4. Place of Birth, (Street and Number) 913 Hesmet St
5. Full Name of Mother, Mrs Emery
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Bernet.
9. Father's Occupation Taylor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Bartis

Address, 205 N Washington St.

Remarks, 1893 0001547

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 12 th 1893
4. *Place of Birth, (Street and Number)*	12 E Eastlake St
5. *Full Name of Mother,*	Agnes Snyder
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Snyder
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary Boyle
Address,	205 E Washington
Remarks,	1893000015548

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46886.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12 1893
4. Place of Birth, (Street and Number) 934 N Wolf St
5. Full Name of Mother, Louis Hessler
6. Mother's Maiden Name, Lehman
7. Mother's Birthplace, Germany
8. Full Name of Father, Hessler
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Botts

Address, 205 N Washington St

Remarks, 1893 0001549

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the other person be in attendance upon the birth to the Commissioner of Health hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12 th March 1893
4. *Place of Birth, (Street and Number)* 516 E. Fort Ave
5. *Full Name of Mother,* Ella Kraft Hoffman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Kraft
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gerwell

Address, 436 E. Fort Ave

Remarks, 1893 0001550

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46588.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 4th 1893
4. *Place of Birth, (Street and Number)*	Parish st cor 3:24
5. *Full Name of Mother,*	Anny Burns
6. *Mother's Maiden Name,*	Anny Maran
7. *Mother's Birthplace,*	ireland
8. *Full Name of Father,*	James Burns
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	ireland
Name of Medical Attendant, or other person who makes this Return,	Mr S Delany
Address,	No 1922 Whitmore Ave
Remarks,	

1893 0001551

W. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 46589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.),	1st
1. Sex, (state whether male or female)	~~Female~~ Male
2. Race or color, (if not of the white race)	Colored.
3. Date of Birth,	March 13th 1893.
4. Place of Birth, (Street and Number)	741 Nine St.
5. Full Name of Mother,	Rosa Bennet.
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Md.
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	J. M. Lawson M.D.
Address,	622 W. Lombard st.
Remarks,	1893000155 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth person be in attendance upon the mother, immediately after the same, or should no other person of such child to report its birth to the Commissioner as hereinafter shall become the duty of the person or parents of such say such person or persons who shall hereafter fail to comply with the provisions of this section shall be shall occur without the mother, immediately of Health, in the manner and within the period above required, and jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DUNNEY & CO., CITY PRINTERS AND STATIONERS.

A 46590.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13th of March 9

4. Place of Birth, (Street and Number) 231 Myrtle Ave.

5. Full Name of Mother, Anna Lauer

6. Mother's Maiden Name, Anna Engel Ball

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Lauer

9. Father's Occupation, Storekeeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Elizabeth Fowler Midwife

Address, 241 West Pratt St.

Remarks, 1893 0001553

been entered: its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 4659.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 14 1893

4. Place of Birth, (Street and Number) 5-13 Penna Ave.

5. Full Name of Mother, Mary Cullington

6. Mother's Maiden Name, Finigan

7. Mother's Birthplace, Balto

8. Full Name of Father, Thos F. Cullington

9. Father's Occupation Liquor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr Schreiber

Address,

Remarks,

1893 0001554

The name of each child must be entered at the time of registration, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-8-50

RETURN OF A BIRTH. A 46592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Violet Elizabeth Miles
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 14th "
4. *Place of Birth, (Street and Number)*	~~370~~ 310 S Stricker St
5. *Full Name of Mother,*	Mrs Emma Pope Miles
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Miles
9. *Father's Occupation,*	Tractor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	E. E. Ullrich
Address,	Union Square
Remarks,	1893 0001555

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 46593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17th 1893
4. Place of Birth, (Street and Number) 507 Reinhardt St
5. Full Name of Mother, Mrs Emma Smith
6. Mother's Maiden Name, Bitto
7. Mother's Birthplace, Italy
8. Full Name of Father, Joseph Cagno
9. Father's Occupation Stock Yards
10. Father's Birthplace, Bitto

Name of Medical Attendant, or other person who makes this Return, E. E. Mellinger

Address, Union Square

Remarks, 1893000155

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. H6594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 14th 1893
4. Place of Birth, (Street and Number) 523 E. Lee St
5. Full Name of Mother, Mary Emma Hill
6. Mother's Maiden Name, Mary Emma Rossmarck
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, David Francis Hill
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Katie Millmeyer

Address, 500 Lanvale Street

Remarks, 1893000557

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 16595.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d Ernestina Sophie

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 day of March
4. Place of Birth, (Street and Number) 1418 Andre St Locust Point
5. Full Name of Mother, Wilhelmine Loose
6. Mother's Maiden Name, Wilhelmine Brunth
7. Mother's Birthplace, Pommern West Prussia Germany
8. Full Name of Father, Theodor Loose
9. Father's Occupation, Labourer
10. Father's Birthplace, Pommern West Prussia Germany

Name of Medical Attendant, or other person who makes this Return, Ling Müller

Address, 1402 Towson St Locust Point

Remarks,

1 0 9 3 0 0 0 1 5 5 8

Wm J. C. Dulany Co., City Printers and Stationers.

Each contract as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 46596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th of March 93
4. *Place of Birth, (Street and Number)*	505 Frederick Road
5. *Full Name of Mother,*	Lena Kaijser
6. *Mother's Maiden Name,*	Lena Baijer
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wilhelm C. Kaijser
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Virginia Keeler Midwife
Address,	216 West Pratt
Remarks,	1893 0001559

1893

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A46597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, March 15th 1893
4. Place of Birth, (Street and Number) 622 N. Lombard st.
5. Full Name of Mother, Mary Lawson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M. D.

Address, 622 N. Lombard st

Remarks, 1893 0001560

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 en
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	15 en March 1893
4. *Place of Birth, (Street and Number)*	1437 Cookson St
5. *Full Name of Mother,*	Annie M Glace Hammond
6. *Mother's Maiden Name,*	Germany
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	George Glade
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Elizabeth Yarnell
Address,	4362 Fort Ave
Remarks,	1893 0001561

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1893.
4. *Place of Birth, (Street and Number)* 622 N. Lombard St.
5. *Full Name of Mother,* Annie Meadows
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. M. Lawson M. D.

Address, 622 N. Lombard st.

Remarks,

1893 0001562

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1893
4. *Place of Birth, (Street and Number)* 204 S Washington St
5. *Full Name of Mother,* Mary D Stenger
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ernst Stenger
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary K Sutro

Address, 208 S Washington St,

Remarks, 1893 0001563

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46601.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16th 1893
4. Place of Birth, (Street and Number) 127 N Bradford St
5. Full Name of Mother, Maggie Graham
6. Mother's Maiden Name, Gregnon
7. Mother's Birthplace, Ireland
8. Full Name of Father, Peter Graham
9. Father's Occupation Carpenter
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. Mary Bates

Address, 205 N Washington St

Remarks, 1893 0 0 0 1 5 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

---

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and the duty of each and every such person to report its birth to the Commissioner of Health, in the manner and subject to the penalties provided in this section. The Commissioner of Health, in the manner provided in this section shall be authorized to require the certificate of birth to be made out and delivered to him by any such person or persons who shall hereafter fail to comply with the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M. H. CARTER, M. D.
1800 W. BALTIMORE ST.

RETURN OF A BIRTH. A 146602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16th 1893
4. Place of Birth, (Street and Number) 843 Calhoun Ave
5. Full Name of Mother, Martha Cole
6. Mother's Maiden Name, Deems
7. Mother's Birthplace, Md
8. Full Name of Father, Edward Cole
9. Father's Occupation, Car driver
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, M H Carter M D

Address, 1800 W Balto

Remarks, 1893 0 0 0 1 5 6 5

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 10-24-55

RETURN OF A BIRTH. A-46603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Marie Louise Noel

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 8/23

4. Place of Birth, (Street and Number) 5-21 Hilford St.

5. Full Name of Mother, Ruth E. Noel

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Philadelphia Pa.

8. Full Name of Father, Edgar M. Noel

9. Father's Occupation Builder

10. Father's Birthplace, Charlottesville Va.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address,

Remarks, 1893000156 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth which shall occur in the city of Baltimore after the first day of January, eighteen hundred and ninety-three, shall be registered, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the name conferred, if any, shall be reported to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Mar. 17/93.
4. *Place of Birth, (Street and Number)*	208 N. Greene St
5. *Full Name of Mother,*	Minnie Paturzo
6. *Mother's Maiden Name,*	Vazza
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	Joseph Paturzo
9. *Father's Occupation*	Fruit Dealer
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other person who makes this Return,	Mrs. Jennie Turant
Address,	191 N. Eden St.
Remarks,	1893000 1567

HEALTH DEPARTMENT MAR 31 1893 BALTIMORE

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-30-60

RETURN OF A BIRTH

A 46606.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 3 1893 BALTIMORE

Sophia Althea Gardner 7th.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17 1893
4. *Place of Birth, (Street and Number)* 411 St. Paul St.
5. *Full Name of Mother,* Mary Gardner
6. *Mother's Maiden Name,* unknown
7. *Mother's Birthplace,* Eastern Shore Md.
8. *Full Name of Father,* Frank X Gardner
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, H. C. Bagby M.D.

Address, Guilford Ave 24.

Remarks,

1893 0001568

The above return shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been) born alive within the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been) born alive within the month, and shall set forth as far as the same can be ascertained the full name and occupation of his parents, the date and place of birth; and the sex, color, the full name and occupation of his parents, the date and place of birth; and the name conferred in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 16607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, March 17th 1893
4. Place of Birth, (Street and Number) 315 Sharp St.
5. Full Name of Mother, Rebecca Levine.
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return. J. M. Lawson M. D.
Address, 622 N. Lanvale St.
Remarks, 1893 0001569

...the full name and occupation of its parents, the date and place of birth; and the ...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. B. BALANTY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 46607.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17th 1893
4. Place of Birth, (Street and Number) 1621 Pratt st
5. Full Name of Mother, Pauline Both
6. Mother's Maiden Name, Gearner
7. Mother's Birthplace, Adam Both
8. Full Name of Father, Carpenter
9. Father's Occupation, Germany
10. Father's Birthplace, Mary Kuntz

Name of Medical Attendant, or other person who makes this Return 205 N Washington Av

Address,

Remarks, 1693000157 0

month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 16608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 17 th 1893
4. *Place of Birth, (Street and Number)*	221 E Monument alley
5. *Full Name of Mother,*	Mary Lavicka
6. *Mother's Maiden Name,*	Bohiman
7. *Mother's Birthplace,*	John Lavicka
8. *Full Name of Father,*	Baltimore
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	Mary Kahler
Name of Medical Attendant, or other person who makes this Return,	205 N Washington St
Address,	
Remarks,	1893 0001571

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. Hebog

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 17. 1893
4. *Place of Birth, (Street and Number)*	1345 Ramsay St.
5. *Full Name of Mother,*	Mary Brady
6. *Mother's Maiden Name,*	Mary Rimerdin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John J. Brady
9. *Father's Occupation*	Car Repairer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs S. J. Kelly
Address,	1922 Wilkens Avenue
Remarks,	1893 U 001572

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17 of March 93
4. *Place of Birth, (Street and Number)*	312 Stemmelwood st.
5. *Full Name of Mother,*	Karolina Grabowski
6. *Mother's Maiden Name,*	Karolina Roscher
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Carl Grabowski
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Friederike Kuhler Midwife
Address,	708 west Pratt St.
Remarks,	

1893000001573

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46611.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 18th 1893.

4. Place of Birth, (Street and Number) 622 N. Lombard St.

5. Full Name of Mother, Maggie Moore

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Elie M. D.

Address, 622 N. Lombard st

Remarks,

1893 0001574

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty. The following is a copy of the law relating to the registration of births: Every physician, midwife or other person who shall be present at the birth of any child, shall within ten days thereafter, make a return to the Commissioner of Health, in the form prescribed by him, of the same as can be ascertained; the full name of such child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the maiden name and residence of the mother. Such return shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18 March 1893
4. *Place of Birth, (Street and Number)*	212 Duncan alley
5. *Full Name of Mother,*	Alice Matuschek
6. *Mother's Maiden Name,*	Behrman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Matuschek
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Mary Kopitz
Address,	205 N Washington st Balto Md
Remarks,	1893000575

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Coroner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A Feb 13.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18th 1893.
4. Place of Birth, (Street and Number) 1811 Eastern Ave
5. Full Name of Mother, Mary Vohma
6. Mother's Maiden Name, Bohemian
7. Mother's Birthplace, Charles Vohma
8. Full Name of Father, Taylor
9. Father's Occupation, Bohemian
10. Father's Birthplace, Mary Kopitis

Name of Medical Attendant, or other person who makes this Return,

Address, 205 N Washington Ave. Balto Md

Remarks, 1893 0001576

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 1893 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18, 1893
4. Place of Birth, (Street and Number) 2334 Lankaster St
5. Full Name of Mother, Mary Davis
6. Mother's Maiden Name, Mary Dunn
7. Mother's Birthplace, Balto
8. Full Name of Father, William Davis
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Sivagne

Address, 716 Eugene St.

Remarks,

B 93 0001577

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex; color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 46615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 18th 1893
4. *Place of Birth, (Street and Number)* 249 S. Pitcher St.
5. *Full Name of Mother,* Annie M. Reputter
6. *Mother's Maiden Name,* Annie M. King
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* John Reputter
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Fillen

Address, 922 Wilkens Avenue

Remarks,

1893000 1578

Wm. J. C. Dulany Co., City Printers and Stationers

Every birth occurring in the City of Baltimore shall be registered, and the name and residence of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the maiden name of the mother, shall be ascertained. The full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 46616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19th 1893
4. Place of Birth, (Street and Number) 802 S Green St
5. Full Name of Mother, Mary Anne Beck
6. Mother's Maiden Name, Mary anne Reed
7. Mother's Birthplace, Balto City
8. Full Name of Father, Ernest McAvoy Beck
9. Father's Occupation Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return [illegible]

Address, [illegible]

Remarks, 1893000579

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 46617.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, March 15th 1893

4. Place of Birth, (Street and Number) 33 Frederick Ave,

5. Full Name of Mother, Christine Miller.

6. Mother's Maiden Name,

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. C. M. Lawson M.D.

Address, 622 N. Lombard St.

Remarks,

1893000 1580

J. G. BLAKE & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 19th 1893
4. *Place of Birth, (Street and Number)*	1935 Orleans St
5. *Full Name of Mother,*	Maggie Schupps
6. *Mother's Maiden Name,*	Deamen
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Harry Schupps
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary Bailis
Address,	245 N Washington St
Remarks,	T 893 0001581

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 76619.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	19th March.
4. *Place of Birth, (Street and Number)*	#1407 William St.
5. *Full Name of Mother,*	Maggie Jones.
6. *Mother's Maiden Name,*	Maggie Hooper.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	William Jones.
9. *Father's Occupation*	Carpenter.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	H. Wellesley Lee, M.D.
Address,	#403 Hanover St. City
Remarks,	

1893 0001582

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 116630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, the full name of the parents, the date and place of birth; and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Mar. 19th
4. *Place of Birth, (Street and Number)*	1007 Ridgely St
5. *Full Name of Mother,*	Bessie Tibbell
6. *Mother's Maiden Name,*	Bessie Linde
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Emil L. Tibbell
9. *Father's Occupation*	Railing Maker
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	[illegible]
Address,	[illegible]
Remarks,	8930001583

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 46677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10½

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored.
3. *Date of Birth,* March 19th 1893
4. *Place of Birth, (Street and Number)* 838 Vine st.
5. *Full Name of Mother,* Lizzie Mackey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. L. L. Eley M. D.

Address, 622 N. Lakeside st.

Remarks,

8930001584

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. D. ELLIOTT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 466 W

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored.
3. *Date of Birth,*	March 19th 1893
4. *Place of Birth, (Street and Number)*	Lemon st.
5. *Full Name of Mother,*	Ellen Daily
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	L L Eley M. D.
Address,	622 N. Lombard st.
Remarks,	

1893 0001585

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. GALANTY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 46673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Myra Maude Dalrymple

1. *No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 1
2. *Sex,* (state whether male or female) Female
3. *Race or Color,* (if not of the white race)
4. *Date of Birth,* March 1903.
5. *Place of Birth,* (Street and Number) 1411 Fulton Ave.
6. *Full Name of Mother,* Carrie L. Dalrymple
7. *Mother's Maiden Name,* Sheriff
8. *Mother's Birthplace,* Md.
9. *Full Name of Father,* Andrew Dalrymple
10. *Father's Occupation,* Salesman Clothier
    Father's Birthplace, Penn
    Name of Medical Attendant, or other person who makes this Return, [illegible]
    Address,
    Remarks, CHILD'S NAME ADDED 2-24-53

1693 0001586

The Birth Certificate is a record of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

4662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 20
4. *Place of Birth, (Street and Number)*	224 S Eutaw St
5. *Full Name of Mother,*	Mrs Eula Thigpen Campbell
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Campbell
9. *Father's Occupation*	Clerk B & O
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	E. S. Tillman
Address,	Union Square
Remarks,	

1893000157

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46670.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20th 1893
4. *Place of Birth, (Street and Number)* 226 N. Bond St
5. *Full Name of Mother,* Rena McGrath
6. *Mother's Maiden Name,* Hamilton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas W McGrath
9. *Father's Occupation* Warden in State Penitentiary
10. *Father's Birthplace,* Frederick Md.

Name of Medical Attendant, or other person who makes this Return, W R Penwood

Address, 200 E 6 Lee St

Remarks, 1893 0001588

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health. In the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	2nd March 1893
4. *Place of Birth, (Street and Number)*	1446 Riverside Ave
5. *Full Name of Mother,*	Annie Crispin Smith
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Crispin
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Jewell
Address,	4362 Fort Ave
Remarks,	1893000 1589

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4667

GIVEN NAME ADDED 8-7-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James Edward Fisher,

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	March 20th 95
4.	*Place of Birth, (Street and Number)*	# 712 S. Charles St.
5.	*Full Name of Mother,*	Rachael E. Morgan
6.	*Mother's Maiden Name,*	Rachael E. Fisher
7.	*Mother's Birthplace,*	Baltimore City
8.	*Full Name of Father,*	William Fisher
9.	*Father's Occupation,*	Plumber & Gas Fitter
10.	*Father's Birthplace,*	Baltimore City
	Name of Medical Attendant, or other person who makes this Return.	Charles W. Pfeffer M.D.
	Address,	# 8 E. Montgomery St.
	Remarks,	

1893 0001590

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, March 20th 1893
4. Place of Birth, (Street and Number) 519 Hargrove Al
5. Full Name of Mother, Mary Jackson
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. C. M. Lawson M.D.
Address, 622 N. Lombard St.
Remarks,

1893 U 0 0 1 5 9 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GALANTY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 46679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 1st 1893
4. Place of Birth, (Street and Number) 46 East York st
5. Full Name of Mother, Annie Rosenblatt
6. Mother's Maiden Name, Annie Stein
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Rosenblatt
9. Father's Occupation Cloak Baster
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Barber

Address, 46 East York Street

Remarks,

1893 U 001592

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mouth, and shall set forth so far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Mch 1st 1893.
4. Place of Birth, (Street and Number) 657 W. Lee St.
5. Full Name of Mother, Mary Catherine Feehley.
6. Mother's Maiden Name, " " Zoeller.
7. Mother's Birthplace, Balto City.
8. Full Name of Father, Timothy L. Feehley.
9. Father's Occupation Pipe Fitter
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return, R. J. N. Tall. M.D.

Address, 524 Sharp St.

Remarks, Forgot to send in by the 3rd Inst, on account of illness.

1893 U 001593

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 1/93
4. Place of Birth, (Street and Number)	238. E. Register st.
5. Full Name of Mother,	Helena Riekert
6. Mother's Maiden Name,	" Nelson
7. Mother's Birthplace,	Norwegen
8. Full Name of Father,	John Riekert
9. Father's Occupation	Captain
10. Father's Birthplace,	Norwegen
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hewenhofer
Address,	1806 Eastern Ave
Remarks,	1893U001594

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 46637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 1 - 93
4. *Place of Birth, (Street and Number)* 1803 Federal
5. *Full Name of Mother,* Emma V. Bollinger
6. *Mother's Maiden Name,* " J. Eichelberger
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* Kilian J. Bollinger
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Pa

Name of Medical Attendant, or other person who makes this Return, Wm. Marple Attwell

Address, 212 N. E. Durough

Remarks,

1893 0001595

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46623.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 1 - 93

4. Place of Birth, (Street and Number) 831 N Wolfe

5. Full Name of Mother, Ellen B. Conclave

6. Mother's Maiden Name, " " Broughton

7. Mother's Birthplace, Balto

8. Full Name of Father, John J Conclave

9. Father's Occupation Cabinet Maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Mallett

Address, 92 McDonough St

Remarks,

1893000 1596

month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. A 46624.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 1 — 1893
4. Place of Birth, (Street and Number) 401 E. Central Ave.
5. Full Name of Mother, Rosetta Nicolson
6. Mother's Maiden Name, Mc Clarkon.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Nicolson
9. Father's occupation Shipping Clerk
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks, 1893000597

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46633.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	March 2-93
4. *Place of Birth, (Street and Number)*	940 N. Wolfe
5. *Full Name of Mother,*	Ellen E. Elgert
6. *Mother's Maiden Name,*	" Davis
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Edward Elgert
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Worrell
Address,	912 McElderry St
Remarks,	

1893000015998

...and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...J. B. BALLANTY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 146636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2/98
4. Place of Birth, (Street and Number) 246 S Castle str.
5. Full Name of Mother, Mary Davis
6. Mother's Maiden Name, " Schwinne
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Davis
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dreisenhofer

Address, 1076 Eastern Ave.

Remarks, 1893000159

Wm. J. C. Dulany Co., City Printers and Stationers

A 4657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 2 1893
4. Place of Birth, (Street and Number) 205 S. Durham St.
5. Full Name of Mother, Lizzie Baldwin
6. Mother's Maiden Name, Lentz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Baldwin
9. Father's Occupation, Can-Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Mary Klein

Address, 1427 E. Pratt St.

Remarks, 1 5 4 3 0 0 0 1 6 0 0

month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 46638.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or ~~female~~)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 3 1893
4. *Place of Birth, (Street and Number)*	2103 W. Pine St.
5. *Full Name of Mother,*	Estella agnes Quimt
6. *Mother's Maiden Name,*	Estella Agnes Akers
7. *Mother's Birthplace,*	Carroll Co. Md
8. *Full Name of Father,*	Andrew Valentine Quimt
9. *Father's Occupation,*	Wire Worker
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return.	G. W. Slater M.D.
Address,	1634½ Fayette St.
Remarks,	Balto. Md

1893 0 6 1 6 5 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 466.39.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* 1939
4. *Place of Birth, (Street and Number)* 1 Druid Hill Ave
5. *Full Name of Mother,* Emma Lindsey
6. *Mother's Maiden Name,* Love
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Lester Lindsey
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Florence Dr
Edwards

Address,

Remarks. 1 6 9 3 0 0 0 1 6 0 2

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The Registrar shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 3d 1893
4. Place of Birth, (Street and Number) 542 Falls Road, Hampden
5. Full Name of Mother, Rosella L. Belchner
6. Mother's Maiden Name, Rosella L. McCarthy
7. Mother's Birthplace, Balt. Co. Md.
8. Full Name of Father, Andrew Belchner
9. Father's Occupation, Moulder
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 123 3d Ave. Woodberry.

Remarks, 1893000160 3

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. Hebert.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 4 1893
4. Place of Birth, (Street and Number)	711 West St
5. Full Name of Mother,	Katie Luno
6. Mother's Maiden Name,	Katie Sherf
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Luno
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	H. R. Easley
Address,	213 E. Heath St
Remarks,	Boring Well

1893000604

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4th
4. Place of Birth, (Street and Number) 1021 William St
5. Full Name of Mother, Mary E. Stuckpas
6. Mother's Maiden Name, " Merritt
7. Mother's Birthplace, City
8. Full Name of Father, John Stuckpas
9. Father's Occupation, Stock Taker
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J C Burch MD

Address, 371 Hanover St

Remarks, 1593000 1605

Every person having charge of any child to whom a birth has occurred, shall report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth, and the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 116643.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Grover ~~Burnall~~ Burnall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4 1893
4. Place of Birth, (Street and Number) 1123 Forrest Place
5. Full Name of Mother, Emma Burnall
6. Mother's Maiden Name, Emma Harris
7. Mother's Birthplace, Maryland.
8. Full Name of Father, William Burnall
9. Father's Occupation, Salesman
10. Father's Birthplace, England.

Name of Medical Attendant, or other person who makes this Return, J. A. Robinson M.D.

Address, 716 E Preston St

Remarks, GIVEN NAME ADDED 12-28-53

1893 000 1606

b. m.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 5. 1893
4. Place of Birth, (Street and Number)	975 Fredk Ave.
5. Full Name of Mother,	Ella A. Schaffer
6. Mother's Maiden Name,	Ella A. Hughes
7. Mother's Birthplace,	Baltimore County
8. Full Name of Father,	Frank J. Schaffer
9. Father's Occupation	Marble Worker
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return	Mrs Annie Lindner
Address,	106 South Monroe St
Remarks,	1893 0001607

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-20-55

RETURN OF A BIRTH

A. 46640.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Birdie Elizabeth Weidner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth Child

1. Sex, (state whether male or female)
2. Race or color, (if not of the white race) White
3. Date of Birth, March 5th 1893
4. Place of Birth, (Street and Number) 23 Monck St Waverly
5. Full Name of Mother, Minnie Weidner
6. Mother's Maiden Name, Minnie Brown
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo F. Weidner
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C. F. Wise M.D.

Address, Waverly

Remarks,

1893 0001608

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BUDAMY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A Helen

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Number second
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8 1923
4. Place of Birth, (Street and Number) Mary A Co Blvd
5. Full Name of Mother, Emma Elizabeth Martin
6. Mother's Maiden Name, Johns
7. Mother's Birthplace, Maine
8. Full Name of Father, John
9. Father's Occupation Baltimore Md
10. Father's Birthplace, Carter Nelson
Name of Medical Attendant, or other person who makes this Return, 401 Lewis St
Address, Davis well
Remarks, 1893000509

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A Hale 97.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	March 5th 1893
4. *Place of Birth, (Street and Number)*	Mary St. near Retreat. clifton.
5. *Full Name of Mother,*	Annie Hausemann.
6. *Mother's Maiden Name,*	Annie Hake.
7. *Mother's Birthplace,*	York. Pa.
8. *Full Name of Father,*	Theodore Hausemann
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	York, Pa.
Name of Medical Attendant, or other person who makes this Return.	C. G. Shower M.D.
Address,	2510 Penna. ave.
Remarks,	1693000161 0

Section 4. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, so far as the same can be ascertained, the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 46648

RETURN OF A BIRTH

GIVEN NAME ADDED 9-25-52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruth E. Hogan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	
3. Date of Birth,	March 6 - 93
4. Place of Birth, (Street and Number)	1708 Preston
5. Full Name of Mother,	Mary A. Hogan
6. Mother's Maiden Name,	" " McArdle
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Thomas F. Hogan
9. Father's Occupation,	Detective
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allen M
Address,	912 McDonough St
Remarks,	1893000161 1

Each birth shall be registered as soon as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. Hobery

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 7-93
4. *Place of Birth, (Street and Number)* 502 Fountain ave
5. *Full Name of Mother,* Sophia Stuart
6. *Mother's Maiden Name,* " Buck
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* James Stuart
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks, 18930001612

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46630.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 7, 1893
4. *Place of Birth, (Street and Number)*	703 N. Gilmor str.
5. *Full Name of Mother,*	Mollie Mabel Coster
6. *Mother's Maiden Name,*	Mercier
7. *Mother's Birthplace,*	Carroll Co., Md.
8. *Full Name of Father,*	George H. Coster
9. *Father's Occupation,*	Architect
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	John Hood, M.D.
Address,	1312 Harlem str.
Remarks,	Live birth

1893000161 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 11651

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7th 93
4. Place of Birth, (Street and Number) 2209 Gough str
5. Full Name of Mother, Clara Burch
6. Mother's Maiden Name, Kiehl
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Burch
9. Father's Occupation Tinner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1856 Eastern Ave

Remarks,

1 8 9 3 0 0 0 1 6 1 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 7/93
4. *Place of Birth, (Street and Number)*	2603 Eastern Ave.
5. *Full Name of Mother,*	Mary Calvert Rath
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Chas. Calvert
9. *Father's Occupation*	Laberer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs Heisenhofer
Address,	1806 Eastern Ave.
Remarks,	1893000161 5

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 46653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black. (Negro)
3. *Date of Birth,* March 7 — 1893
4. *Place of Birth, (Street and Number)* 823. Harris alley
5. *Full Name of Mother,* Sarah Blackwood.
6. *Mother's Maiden Name,* Sarah Blackwood
7. *Mother's Birthplace,* Lancaster. Va
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, G H Gardner

Address, 821 N. Gilmor

Remarks,

8 9 3 0 0 0 1 6 1 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46604

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 7, 93
4. Place of Birth, (Street and Number)	115 W. Lombard.
5. Full Name of Mother,	Katie Norton.
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Va.
8. Full Name of Father,	Not Known.
9. Father's Occupation,	" "
10. Father's Birthplace,	"
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames
Address,	115 W. Lombard.
Remarks,	

8930001617

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46638.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 8 th 1893
4. *Place of Birth, (Street and Number)* Baltimore City
5. *Full Name of Mother,* Flora Morgan
6. *Mother's Maiden Name,* Flora Belden
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James A. Morgan
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Staples

Address, 722 Hamburg St

Remarks,

1893 0001618

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

46650.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Wednesday March 8th
4. *Place of Birth, (Street and Number)*	3121 O'Donnell St
5. *Full Name of Mother,*	Sadie Emma Phieben
6. *Mother's Maiden Name,*	Sadie Emma Eggleston
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles J. Phieben
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Wm P Learsemann
Address,	1225 Hare st.
Remarks,	B 9 3 0 0 0 1 6 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46657

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 8th 93
4. Place of Birth, (Street and Number) Forman st
5. Full Name of Mother, Mary ~~Murphy~~ Fitzsimmons
6. Mother's Maiden Name, Mary Murphy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Christopher Fitzsimmons
9. Father's Occupation, Mechanic
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. Dr T Frey Mr

Address, 2414 Druid Hill ave

Remarks, 18930001620

Wm J C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A-46658.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks. 1893000162 1

month, and shall set forth safar as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

4665-9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~3 4 5 6 7 8~~ 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, March 4
4. Place of Birth, (Street and Number) Jasper St 609
5. Full Name of Mother, Henritta Young
6. Mother's Maiden Name, Mother Henritta B Hoot daty
7. Mother's Birthplace, Colonan Virginia & Canada
8. Full Name of Father, William B Foote
9. Father's Occupation, Waiter
10. Father's Birthplace, Colleysville Balti County

Name of Medical Attendant, or other person who makes this Return, Sarris Rollings

Address, 1610 Vinant Ave City

Remarks,

1893 0001622

The Registrar of Vital Statistics shall not be required to register the birth of any child unless the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

Added

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, March 9th 93.
4. Place of Birth, (Street and Number) 3008 Dillon St.
5. Full Name of Mother, Annie Sullens
6. Mother's Maiden Name, Annie Milke.
7. Mother's Birthplace, Md.
8. Full Name of Father, George Sullens.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. David S. Jones.

Address, 918 O'Donnell St

Remarks,

1893000 1623

...ons of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...on Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret ~~Virginia~~ Walter 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 10, 1893.
4. *Place of Birth, (Street and Number)*	1416 Park Ave.
5. *Full Name of Mother,*	Carrie Walter
6. *Mother's Maiden Name,*	Day
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Wm. M. Walter
9. *Father's Occupation*	R. R. Clerk
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	G. Lane Taneyhill
Address,	1103 Maidlow
Remarks,	

1893000001624

The Physician or Midwife in attendance upon any birth which may have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	March 10, 93
4. *Place of Birth, (Street and Number)*	115 W. Lombard
5. *Full Name of Mother,*	Ida Jones.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Not known
9. *Father's Occupation,*	"
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Farnes.
Address,	115 W. Lombard
Remarks,	

1893 0001625

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 116663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 10 — 93
4. *Place of Birth, (Street and Number)*	2504 Francis st
5. *Full Name of Mother,*	Jane Clark
6. *Mother's Maiden Name,*	Jane Littell
7. *Mother's Birthplace,*	Balto County
8. *Full Name of Father,*	John Clark
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	L. F. Frey.
Address,	2414 Druid Hill Ave.
Remarks,	1893 0001626

The sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. Hobbs

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 10 93
4. Place of Birth, (Street and Number) 3109 O'Donnell st.
5. Full Name of Mother, Sarah Dashields
6. Mother's Maiden Name, " Harrison
7. Mother's Birthplace, Balto.
8. Full Name of Father, Richard Dashields
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Devinchopes

Address, 806 Eastern Ave

Remarks,

1893000162 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	March 10, 93
4. *Place of Birth, (Street and Number)*	115 W. Lombard
5. *Full Name of Mother,*	Lizzie Hall.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	England.
8. *Full Name of Father,*	Not known.
9. *Father's Occupation,*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return.	W. Wayland Frames.
Address,	115 W. Lombard.
Remarks,	

1893 0001628

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4666.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	March 10 1893.
4. Place of Birth, (Street and Number)	2226 Oak St.
5. Full Name of Mother,	Mary Emma McCauley.
6. Mother's Maiden Name,	Hunter.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Levi Walter McCauley.
9. Father's Occupation	Engineman.
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return,	Chas A. Mitchell M.D.
Address,	291 Cleveland ave.
Remarks,	

1893000 1629

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person lie in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-20-59 A 1666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Behrens

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 10 1893
4. Place of Birth, (Street and Number)	207 S. Durham St.
5. Full Name of Mother,	Magdelena Behrens
6. Mother's Maiden Name,	Ramsauer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jacob Behrens
9. Father's Occupation	Cigar Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant or other Person who makes this Return,	Mary Stein
Address,	1427 E Pratt St.
Remarks,	1893000 1630

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 46661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11 March
4. Place of Birth, (Street and Number) 213 E Clay St
5. Full Name of Mother, Mary Rainey
6. Mother's Maiden Name, Mary C. Cromel
7. Mother's Birthplace, Md
8. Full Name of Father, John Rainey
9. Father's Occupation Barkeeper
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Reid midwife

Address, 1a 216 E. Weigh St.

Remarks, 1893000631

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* March 11th 1893

4. *Place of Birth* (Street and Number) 132 N. Westmpton L

5. *Full Name of Mother* Susie Brewer Scott

6. *Mother's Maiden Name* Susie Brewer

7. *Mother's Birthplace* London Canada West

8. *Full Name of Father* Robert Scott

9. *Father's Occupation* Porter

10. *Father's Birthplace* Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Dr. Winsey M.D

Address 1220 E. Fayette L

Remarks Born Native & an free born

1893000632

RETURN OF A BIRTH.

A 46670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11 ~~1893~~
4. *Place of Birth, (Street and Number)* 628 Light Sts
5. *Full Name of Mother,* Ester Neuman
6. *Mother's Maiden Name,* Ester Bank
7. *Mother's Birthplace,* Russland
8. *Full Name of Father,* Abraham Neuman
9. *Father's Occupation* Trawler
10. *Father's Birthplace,* austria

Name of Medical Attendant, or other person who makes this Return, Jeana Barker

Address, 46 Oak St

Remarks,

8 9 3 0 0 0 1 6 3 3

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 46671.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11 1893
4. *Place of Birth, (Street and Number)* Forrest St 759
5. *Full Name of Mother,* Eliza M Spicer
6. *Mother's Maiden Name,* Eliza M Derrickson
7. *Mother's Birthplace,* Newark, Delaware
8. *Full Name of Father,* Joseph H Spicer
9. *Father's Occupation* Reedsden Delaware
10. *Father's Birthplace,* Foot factory

Name of Medical Attendant, or other person who makes this Return Mrs Jennie Finlaw

Address, 106 South Monroe St

Remarks,

1893 0001634

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 13
4. *Place of Birth, (Street and Number)*	425 E Biddle
5. *Full Name of Mother,*	Lillie Cramer
6. *Mother's Maiden Name,*	Mullin
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm H Cramer
9. *Father's Occupation*	Railroading
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Dr Grover Mc Ewen & Wilcox
Address,	
Remarks,	1893 0001635

month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 4-1-66

RETURN OF A BIRTH.

A 1466-13.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Josie Millicent ~~Peters~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12 1903
4. Place of Birth, (Street and Number) Elgin Ave.
5. Full Name of Mother, Mrs Maggie Peters
6. Mother's Maiden Name, Maggie Burnett
7. Mother's Birthplace, Scotland
8. Full Name of Father, Edward Peters
9. Father's Occupation, Brick Gardener
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Faith M.D.

Address, 2048 Frances St

Remarks,

1893000 1636

Every case shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

46674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	March 12, 1893.
4. *Place of Birth, (Street and Number)*	107 Union ave.
5. *Full Name of Mother,*	Julia L. Gambrill.
6. *Mother's Maiden Name,*	Horsey.
7. *Mother's Birthplace,*	South Carolina
8. *Full Name of Father,*	Millard H. Gambrill.
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Edwin H. Mitchell M.D.
Address,	291 Cherlmont ave.
Remarks,	

1893000001637

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 12th 1893
4. Place of Birth, (Street and Number) 778 Bradley St.
5. Full Name of Mother,
6. Mother's Maiden Name, Laura Tripp
7. Mother's Birthplace, Talbot County Maryland
8. Full Name of Father, Samuel Rozier
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Hester Colaure

Address, 509 West Preston St.

Remarks,

1893000016 38

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 166716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 12 1893
4. Place of Birth, (Street and Number) 1749 N. Chester St.
5. Full Name of Mother, Elizy Hildebrand Stein
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Hildebrand
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Preath St.

Remarks, 18930001639

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 46677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	March 13-93
4. *Place of Birth, (Street and Number)*	2009 E Biddle
5. *Full Name of Mother,*	Carrie B Broughton
6. *Mother's Maiden Name,*	" " Evans
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	James Broughton
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	1893 0001640

Sec. 2. That the name and residence of the attendant upon the mother at the birth of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 46675.

GIVEN NAME ADDED 7263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillie W.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13/93
4. Place of Birth, (Street and Number) 310 S. Spring Str.
5. Full Name of Mother, Mary Meyer
6. Mother's Maiden Name, " Katy
7. Mother's Birthplace, Germany
8. Full Name of Father, William Meyer
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Jno. Weisenhofer

Address, 1876 Eastern Ave.

Remarks,

1893000164 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 116679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13/93
4. *Place of Birth, (Street and Number)* 213 S. Durham str.
5. *Full Name of Mother,* Kathie Herold
6. *Mother's Maiden Name,* Weisenborn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Herold
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Diedenhofer

Address, 1806 Eastern Ave

Remarks,

1893 0001642

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 1995.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 13 1893
4. Place of Birth, (Street and Number) 1628 E Pratt St.
5. Full Name of Mother, Kate Richards
6. Mother's Maiden Name, Conway
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Richards
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1426 E. Pratt St.

Remarks, + 8 9 3 0 0 0 1 6 4 3

Wm. J. C. Dulany Co., City Printers and Stationers

A 4268

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (State whether male or female)*	W Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	March 14 93.
4. *Place of Birth, (Street and Number)*	1925 Orleans
5. *Full Name of Mother,*	Catherine C. Eichhoff
6. *Mother's Maiden Name,*	" " Freitag
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Eichhoff
9. *Father's Occupation,*	Turner
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	918 Mc Elroy & Sr
Remarks,	8930001644

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Commissioner of Health. In case the other person be third day of each and every month to the office or practitioner of midwifery, or should no or parents of such shall occur without the other, immediately thereafter it shall become and within the period above required, and attendance upon the mother the Commissioner of Health, in the manner and provisions of this section shall be sub- child to report its birth to us who shall hereafter fail to comply with the other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUY J. O. BOLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 1600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 14 1893
4. Place of Birth, (Street and Number)	705 S. Durham St.
5. Full Name of Mother,	Eva Eliza Kissner
6. Mother's Maiden Name,	Miener
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Kissner
9. Father's Occupation	Can Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary Stein
Address,	1427 E Pratt St.
Remarks,	1893000 1645

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

A. 46683

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14th 1893
4. Place of Birth, (Street and Number) 10. Franklin St
5. Full Name of Mother, Lena Doberenner
6. Mother's Maiden Name, Lena Behrens
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Doberenner
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, James E. Willing M.D.

Address, 508. N Fremont Ave

Remarks, 1893000 1646

and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred in sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the within the period above required, and child to report its birth to the Commissioner of Health, in the manner and conditions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th of March 1893

4. Place of Birth, (Street and Number) 3010 Elliott St

5. Full Name of Mother, Mary Joseph Krumpel

6. Mother's Maiden Name, Mary Joseph Whelan

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Frank Nicholas Krumpel

9. Father's Occupation Rail. Roading P.R.R.

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Wm P. Freeman

Address, 122 Pacific

Remarks, 8930001647

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 March
4. *Place of Birth, (Street and Number)* 502 S. Gay St
5. *Full Name of Mother,* Minnie Rogers
6. *Mother's Maiden Name,* Sandt
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Isaac Rogers
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R Ullig

Address, 1802 E Lexington St

Remarks, 1 8 9 3 0 0 0 1 6 4 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46650.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d & last child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 4, 1893
4. *Place of Birth, (Street and Number)*	2 c Williams St
5. *Full Name of Mother,*	Florance Stanley
6. *Mother's Maiden Name,*	Florance Hubert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Stanley
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	M. R. Gaskey
Address,	213 E. Hoffman St
Remarks,	Dang Hall

1893000 1649

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14 March
4. *Place of Birth, (Street and Number)* 1221 Mulliken St
5. *Full Name of Mother,* Maggie McDermott
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Get none
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mar R Ulig

Address, 1302 E Lexington St

Remarks, 8930001650

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15 1905
4. Place of Birth, (Street and Number) 1801 Orleans ste.
5. Full Name of Mother, Annie Lavery
6. Mother's Maiden Name, " Middendorn
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. W. Lavery
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Geo. Heisenhofer

Address, 1816 Eastern Ave

Remarks. 1893000165 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, Immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. S 146089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 c

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15 th 1893
4. Place of Birth, (Street and Number) Baltimore 311 Appleton St
5. Full Name of Mother, Mary E Sullivan
6. Mother's Maiden Name, Mary Doherty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter E Sullivan
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E Shaffer

Address, 722 Hamburg St

Remarks,

1893000 1652

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 10-11-50

RETURN OF A BIRTH. A 116690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

J. Charles Fagan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) ~~female~~ Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 15 1923
4. Place of Birth, (Street and Number) 2116 Fleet Street
5. Full Name of Mother, Chiby ~~Fagin~~ Fagan
6. Mother's Maiden Name, do do
7. Mother's Birthplace, Russia
8. Full Name of Father, Hyman ~~Fagin~~ Fagan
9. Father's Occupation Rest Waiter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Leah Barber

Address, 46 East Lake Street

Remarks,

1893000 1653

months, but shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

Heb41

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15/93
4. Place of Birth, (Street and Number) 33 S. Washington st.
5. Full Name of Mother, Dorathea Bosse
6. Mother's Maiden Name, Eckenstein
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Bosse
9. Father's Occupation Carpenter.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Jno. Debenhorst

Address, 1076 Eastern Ave

Remarks,

1893000165 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

46647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 March
4. *Place of Birth, (Street and Number)* 1431 Madison St
5. *Full Name of Mother,* Carol Wilkerson
6. *Mother's Maiden Name,* Mumma
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Robert Wilkerson
9. *Father's Occupation* Truckster
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Wilds

Address, 1902 E Lexington

Remarks, 1 8 9 3 0 0 0 1 6 5 5

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 46693.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15 1923
4. Place of Birth, (Street and Number) 400 1 [illegible] Harden Hospital
5. Full Name of Mother, Lizzie Brown
6. Mother's Maiden Name, Neal
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William H Brown
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E King 575 Richard Ave

Remarks, Harriet Lane Baltimore Md

8 9 3 0 0 0 1 6 5 6

Wm J C. Dulany Co., City Printers and Stationers.

...been conferred; its sex, color, the full name and occupation of its parents, the state and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable;

RETURN OF A BIRTH A 46624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	15th March
4. *Place of Birth, (Street and Number)*	11.00 Ramsey St
5. *Full Name of Mother,*	Congetta Loria
6. *Mother's Maiden Name,*	Congetta Cammella
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	Giuseppe Loria
9. *Father's Occupation,*	Machester
10. *Father's Birthplace,*	Italy.
Name of Medical Attendant, or other person who makes this Return.	Mrs. L. Birk midwife
Address,	No 506. E. Wiest St.
Remarks,	

1893000165 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 46695.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15th 93
4. Place of Birth, (Street and Number) 718 South Chester st
5. Full Name of Mother, Sarah Koliusky
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, David Koliusky
9. Father's Occupation Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, M. L. Barber

Address, 46 East Fayette st

Remarks,

1893 0001658

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 46696.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 16, 1893.
4. Place of Birth, (Street and Number) 4430 W. Fifth St.
5. Full Name of Mother, Laura Virginia Barnes.
6. Mother's Maiden Name, Atkinson.
7. Mother's Birthplace, Md.
8. Full Name of Father, Millard Fillmore Barnes.
9. Father's Occupation Brick-layer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Edwin H. Mitchell M.D.

Address, 291 Cherlmont ave.

Remarks,

1893000 1659

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 46697.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16th 1893
4. Place of Birth, (Street and Number) 1645 E Monument St
5. Full Name of Mother, Annie E. House
6. Mother's Maiden Name, Annie E. Freye
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Harry N. House
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Francis A. Sauer M.D.

Address, 439 N. Central Ave.

Remarks, 1893000166 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name by the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by of the Commissioner of Health In case the third day of each and every month to the office or practitioner of midwifery, or should no other person he is shall occur without the attendance of a physician or practitioner of midwifery, or should no other person he is attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 46698.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	16 March
4. *Place of Birth, (Street and Number)*	1012 E. Front St
5. *Full Name of Mother,*	Mary E. McCaffrey
6. *Mother's Maiden Name,*	Mary E. ~~Daly~~ Daly
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Thomas E. McCaffrey
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. S. Bird midwife
Address,	No 506 E Hugh St.
Remarks,	8930001661

Wm. J. C. Dulany Co., City Printers and Stationers.

Births shall be registered as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 10th

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 16th 93
4. Place of Birth, (Street and Number) 1401 W Fayette
5. Full Name of Mother, Caroline L Hill Roberts
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Truman F Hill
9. Father's Occupation, Physician
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Truman F Hill

Address, 1401 W Fayette.

Remarks, 1893000 1662

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46700.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 16th. 1893
4. Place of Birth, (Street and Number) 1416 May St
5. Full Name of Mother, Mamie Smith
6. Mother's Maiden Name, Mamie Smith
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Robt. Jamison
9. Father's Occupation, Bar Keeper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. F. J. Cameron M.D.

Address, 429 N Broadway Balto. City

Remarks, 8930001663

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the birth shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 46701.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Mch. 16 93
4. Place of Birth, (Street and Number)	710 So Shamp.
5. Full Name of Mother,	Eva Kolert
6. Mother's Maiden Name,	" Olisky
7. Mother's Birthplace,	Poland
8. Full Name of Father,	Jno. Kolert
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Poland
Name of Medical Attendant, or other person who makes this Return.	Jas. H. Robinson MD.
Address,	726 E. Preston St.
Remarks,	18930001664

month, and shall set forth so far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 17 1893
4. *Place of Birth, (Street and Number)* 406 S. Exeter
5. *Full Name of Mother,* Minne Schmidt
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Schmidt
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks, 1893000 1665

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4670.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	March 17 '93
4.	*Place of Birth, (Street and Number)*	2015 Division St
5.	*Full Name of Mother,*	Mrs Lizzie McDonald
6.	*Mother's Maiden Name,*	" Shipley
7.	*Mother's Birthplace,*	Howard Co Md
8.	*Full Name of Father,*	Thos. McDonald
9.	*Father's Occupation,*	Machinist
10.	*Father's Birthplace,*	Howard Co Md
	Name of Medical Attendant, or other person who makes this Return,	T C Worthington
	Address,	840 W Fayette St
	Remarks,	

1893 0001666

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A. 46704.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 17, 1893. 3200 A. M.

4. Place of Birth, (Street and Number) 2339 N. Calvert St.

5. Full Name of Mother, Anna Mosser Learned

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Penna.

8. Full Name of Father, Marion D. Learned

9. Father's Occupation, Prof. Hopkins

10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Delivered by Miss E. V. Hedges, medical student in absence of Dr. L. G. Lane, Taneytown, 403 Madison Ave.

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Return of a Birth which shall have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner of Health. In case the birth of any child third day of each and every month to the office of the Coroner of midwifery, or physician or practitioner of physic, it shall become the duty of the person of parents of each shall occur without the attendance of a physician or practitioner of physic, it shall become the duty of the person required, and attendance upon the mother, immediately thereafter it shall be the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 46705.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight (8th)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 17th, 1893
4. *Place of Birth, (Street and Number)*	830 W. North Avenue
5. *Full Name of Mother,*	Margaret Yakel Burkamp
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Louis Yakel
9. *Father's Occupation,*	Druggist
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address,	414 N. Greene St.
Remarks,	18930001668

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. A 46706.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Negro.
3. Date of Birth, March 17, 93
4. Place of Birth, (Street and Number) 115 W. Lombard.
5. Full Name of Mother, Hattie Fletcher.
6. Mother's Maiden Name,
7. Mother's Birthplace, Penna.
8. Full Name of Father, Not known.
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return: W. Wayland Frames.
115 W. Lombard.

Address,

Remarks,

1893 0001669

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

#6707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 18 90
4. *Place of Birth, (Street and Number)* 17 N Bradford St
5. *Full Name of Mother,* Margaret Schumann
6. *Mother's Maiden Name,* Greenfield
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Schumann
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline E. Miller

Address, 1606 Hanover St

Remarks,

1893000167 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 16798.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 18th
4. Place of Birth, (Street and Number)	1838 E. Pratt St.
5. Full Name of Mother,	Maria Jane Kirby
6. Mother's Maiden Name,	Leagre
7. Mother's Birthplace,	City
8. Full Name of Father,	Charles Franklin Kirby
9. Father's Occupation,	Car Conductor
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	E. L. Irons M.D.
Address,	1835 E. Balto. St.
Remarks,	1893 0001671

The above must set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; the sex, color, the full name and occupation of its parents, the certificate between the first and month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; the sex, color, the full name and occupation of its parents, the certificate between the first and month, and shall be delivered by the practitioner in the form of a certificate to the person or parents of such child, and schedule shall be delivered month to the office of the practitioner of midwifery, or the person or parents of such child, and schedule shall be delivered month to the office of the Commissioner of Health. In case the birth of any child third day of each and every ordinance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and attendance upon the mother, immediately thereafter it shall be the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 16709.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18 1898
4. Place of Birth, (Street and Number) 111 S. Bond str.
5. Full Name of Mother, Annie Schirmer
6. Mother's Maiden Name, Baer
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Schirmer
9. Father's Occupation Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Deisenhofer

Address, 1806 Eastern Ave

Remarks. 1893000167 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46710.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, March 12 — 1893
4. Place of Birth, (Street and Number) 113 N. Dallas St.
5. Full Name of Mother, Josephine Lomax
6. Mother's Maiden Name, Gants
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Lomax
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Heine

Address, 1427 E Balt St.

Remarks, 1893000 1673

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the event of no other person required, and attendance upon the mother, immediately after the birth of any child, it shall become the duty of the person in such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 9, 93
4. Place of Birth, (Street and Number) 308 N. Edery St.
5. Full Name of Mother, Frances Matthias
6. Mother's Maiden Name, " Schenaupp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George E. Matthias
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1608 Walker St.

Remarks, 1893000174

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 46/17

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 17 93
4. *Place of Birth, (Street and Number)*	1606 Castle St.
5. *Full Name of Mother,*	Augusta Obst
6. *Mother's Maiden Name,*	" Kessnecker
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frederick Obst
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Dr. Louis G. Muller
Address,	1605 Walker St
Remarks,	

8930001675

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 46713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 21 93

4. Place of Birth, (Street and Number) Owen St & Stanford Ave

5. Full Name of Mother, Kate Mueller

6. Mother's Maiden Name, Borchersdorf

7. Mother's Birthplace, Balto

8. Full Name of Father, Otto Mueller

9. Father's Occupation Saloon Keeper

10. Father's Birthplave, Balto

Name of Medical Attendant, or other person who makes this Return, Caroline Mellus

Address, 1625 Hanover St

Remarks, 1893000167 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

46714.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 20, 1893
4. Place of Birth, (Street and Number)	127 E. Clarkson St
5. Full Name of Mother,	Carrie Jury
6. Mother's Maiden Name,	Carrie Smith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Will Jury
9. Father's Occupation	Fireman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wm. R. Easley
Address,	2132 E. Heath St
Remarks,	Penn Hall

+ 6930001677

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 20, 1893
4. *Place of Birth, (Street and Number)*	1137 Johnson St
5. *Full Name of Mother,*	Cassie Staidar Burns
6. *Mother's Maiden Name,*	Cassie Staidar
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Peter Burns
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. K. Gaskey
Address,	213 E. Heath St
Remarks,	Boring Well

8930001678

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 29 — 1893
4. Place of Birth, (Street and Number) 1413 E. Pratt St.
5. Full Name of Mother, Mollie Kimpel Shiele
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Kimpel
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 893000 1679

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21st 1893
4. *Place of Birth, (Street and Number)* 1102 Warner Street
5. *Full Name of Mother,* Christine Rose
6. *Mother's Maiden Name,* Christine Tauber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Rose
9. *Father's Occupation* Brakeman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Steffa

Address, 722 Hamburg St

Remarks, 1893 0001680

month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 116718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 21 - 1893
4. Place of Birth, (Street and Number) 518 N Castle St.
5. Full Name of Mother, Mary Elisa Parlett
6. Mother's Maiden Name, Gayer
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Andrew Jackson Parlett
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 423 E. Pratt St

Remarks, 18930001681

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 46719.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21/93
4. Place of Birth, (Street and Number) 614 S. Ann str.
5. Full Name of Mother, Annie Jenkins
6. Mother's Maiden Name, " Boswell
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. Jenkins
9. Father's Occupation Tinner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diserhofer

Address, 1816 Eastern Ave

Remarks, 1893000166 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 46770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 21st 1893
4. *Place of Birth, (Street and Number)* 1702 Bryant St.
5. *Full Name of Mother,* Mary E. V. Carter
6. *Mother's Maiden Name,* Mary E. V. Woodland
7. *Mother's Birthplace,* Baltimore City Maryland
8. *Full Name of Father,* Frank A. Carter
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* St. Marys County Maryland

Name of Medical Attendant, or other person who makes this Return, Hester Botance

Address, 509 Preston St.

Remarks,

1893000 1683

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 4677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Mother of 8 Children
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	March 21st 1893
4. *Place of Birth, (Street and Number)*	Baltimore No 120 S. Bethel street
5. *Full Name of Mother,*	Emmaline Thomason
6. *Mother's Maiden Name,*	Emmaline Slater
7. *Mother's Birthplace,*	Dorchester County Md.
8. *Full Name of Father,*	John Thomason
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Dr George Anna Brooks
Address,	No 1752 Mulberry street
Remarks,	

8930001684

60 J. S. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Mar 21/93. 1325 E. Lombard St.
4. Place of Birth, (Street and Number) " "
5. Full Name of Mother, Minnie Schmitt
6. Mother's Maiden Name, Eckhart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. Schmitt.
9. Father's Occupation Milkman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Jennie Trunt

Address, 19 N. Eden St.

Remarks,

1893000 1685

HEALTH DEPARTMENT MAR 31 BALTIMORE

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 46773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21st 1893
4. *Place of Birth, (Street and Number)* 910 Caroline St.
5. *Full Name of Mother,* Mary Poe
6. *Mother's Maiden Name,* Mary Reynolds
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benj. F. Poe
9. *Father's Occupation* Cold Rolled Plate
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. A. C. Dorsey M.D.

Address, 908 E. Lombard St.

Remarks, 893 0001686

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-10-59

RETURN OF A BIRTH, A 16724

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1893 BALTIMORE

Myrtle Eleanor Wilson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* March 2nd 1893
4. *Place of Birth*, (Street and Number) 1814 Lemmon St
5. *Full Name of Mother* Lizzie Clendora Wilson
6. *Mother's Maiden Name* Lizzie Ellen Rosa Lyle
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Eli P. Wilson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amanda Taylor Dorsey M.D.

Address 871 Fulton Ave

Remarks

8930001687

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 46725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored.
3. *Date of Birth,*	March 21st 1893.
4. *Place of Birth, (Street and Number)*	622 N. Lombard st.
5. *Full Name of Mother,*	Emma Gross.
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	~~Md~~
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. M. Lawson M. D.
Address,	622 N. Lombard st.
Remarks,	

8930001688

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46726

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 21st March 1893

4. Place of Birth, (Street and Number) 303 E. Hamburg St

5. Full Name of Mother, Annie Hurst Sittle

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Hurst

9. Father's Occupation Laborer

10. Father's Birthplace, Jersey City N J

Name of Medical Attendant, or other person who makes this Return Elizabeth Jarrett

Address, 436 E. Fort Ave

Remarks, 8930001689

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B 4677

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 21. March.
4. Place of Birth, (Street and Number) 1353 Hull st.
5. Full Name of Mother, Elizabeth M. Glover
6. Mother's Maiden Name, " " Krauz.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Jr. Glover
9. Father's Occupation, Fireman.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Euphemia Mason.

Address, 1421 E. Beason st. Locus. Point.

Remarks,

18930001690

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

D 46778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 21, 1893.
4. Place of Birth, (Street and Number) 215 Hickory ave.
5. Full Name of Mother, Mary Ann V. Shipley.
6. Mother's Maiden Name, Morrow.
7. Mother's Birthplace, Pa.
8. Full Name of Father, Theodore W. Shipley.
9. Father's Occupation Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 3 0 0 0 1 6 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

46729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 21st 1893
4. *Place of Birth, (Street and Number)*	513 Falls Road, Hampden
5. *Full Name of Mother,*	Mary E. Foster
6. *Mother's Maiden Name,*	Mary E. Gillard
7. *Mother's Birthplace,*	Balt. Co. Md.
8. *Full Name of Father,*	John F. Foster
9. *Father's Occupation,*	R. R. Employee
10. *Father's Birthplace,*	York Co. Pa
Name of Medical Attendant, or other person who makes this Return,	Geo. T. Shower, M.D
Address,	123. 3d Ave. Woodberry. Balt.
Remarks,	1893000 1692

The Registrar of each District shall enter the same in a blank to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Owen

RETURN OF A BIRTH.

4/6/20.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: George H. Crowell

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22/20
4. Place of Birth, (Street and Number) 207 S. Chapel str.
5. Full Name of Mother, Annie Crowell
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Balto.
8. Full Name of Father, Isaac Crowell
9. Father's Occupation Carpenter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1876 Eastern Ave

Remarks, 8930001693

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the time prescribed, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

46731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	March 22, 1893.
4. *Place of Birth, (Street and Number)*	71 Clipper Place.
5. *Full Name of Mother,*	Elsie Estella Cress.
6. *Mother's Maiden Name,*	Shaffer.
7. *Mother's Birthplace,*	Pa.
8. *Full Name of Father,*	Joseph Cress.
9. *Father's Occupation*	Railroader.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Edwin H. Mitchell M.D.
Address,	291 Chesterfield ave.
Remarks,	

8930001694

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 22nd 1893.
4. *Place of Birth, (Street and Number)*	211 N. Gilmor St
5. *Full Name of Mother,*	Mrs Emily
6. *Mother's Maiden Name,*	Alice Leather
7. *Mother's Birthplace,*	Frederick Md
8. *Full Name of Father,*	Wm H Smith
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs B Kelley
Address,	1912 Fulton Avenue
Remarks,	1893000 1695

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22d day of March
4. *Place of Birth, (Street and Number)*	16 South H. Baltimore St.
5. *Full Name of Mother,*	Mary H. Siegfried
6. *Mother's Maiden Name,*	Mary H. Stein Lowes
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Siegfried
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Nurse Elizabeth Lee
Address,	
Remarks,	18930001696

HEALTH DEPARTMENT MAR 1893

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48734.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, March 22
5. Place of Birth, (Street and Number) 1906 William St
6. Full Name of Mother, Nellie Donahue
7. Mother's Maiden Name, " Watkins
8. Mother's Birthplace, City
9. Full Name of Father, Mark Donahue
10. Father's Occupation, Engineer
11. Father's Birthplace, Penn Station Balto
12. Name of Medical Attendant, or other person who makes this Return. J. C. Burch M.D.
13. Address, 51 Hanover
14. Remarks, 8930001697

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 22nd 1893

4. Place of Birth, (Street and Number) 1127 Presley St

5. Full Name of Mother, Celia Cummings

6. Mother's Maiden Name, Celia Reed

7. Mother's Birthplace, Eastern Md

8. Full Name of Father, Frank A. Cummings

9. Father's Occupation Telegraph Operator

10. Father's Birthplace, Eastern Md

Name of Medical Attendant, or other person who makes this Return, H C Penny M.D.

Address, 700 E. Lanvale St.

Remarks, 8930001698

The Registrar of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name by the practitioner in the form of a certificate between the first and second schedule shall be delivered, duly signed by the physician or practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 46136.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 22 1893
4. Place of Birth, (Street and Number) 316 S. Castle St.
5. Full Name of Mother, Kate Weininger
6. Mother's Maiden Name, Fuchs
7. Mother's Birthplace, Germany
8. Full Name of Father, John Weininger
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Steine

Address 1427 E Fall St

Remarks,

1893 0001699

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. 46737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 22 — 1893
4. Place of Birth, (Street and Number) 1732 E. Lanvale St.
5. Full Name of Mother, Mary Goetz
6. Mother's Maiden Name, Bartell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Goetz
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 893000 1700

Wm. J. C. Dulany Co., City Printers and Stationers.

This Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 23 '93
4. Place of Birth, (Street and Number) 19 N Madeira St
5. Full Name of Mother, Annie Conley
6. Mother's Maiden Name, Conley
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Peter Conley
9. Father's Occupation, Labor Work
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Casgrave Miller

Address, 1605 Walker St

Remarks,

1893000170 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 16739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23rd 1893
4. *Place of Birth, (Street and Number)* Paca st # 302
5. *Full Name of Mother,* Mary Wilson
6. *Mother's Maiden Name,* Rose Krauz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Edward Wilson
9. *Father's Occupation* Victor
10. *Father's Birthplace,* Calvert Co MD

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, # 1922 Wilkins ave

Remarks,

1893000 1702

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-30-57

RETURN OF A BIRTH. A 16740.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eloise Heath ~~Doyle~~ Doyle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23rd 1893
4. Place of Birth, (Street and Number) 316 N. Strieker
5. Full Name of Mother, Rose B. Doyle
6. Mother's Maiden Name, " " Rogers
7. Mother's Birthplace, Va.
8. Full Name of Father, Matthew T. Doyle
9. Father's Occupation Commission Merchant
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Theodore Dorsey M.D.

Address, 904 N. Charles St

Remarks,

1893000 1703

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 1674.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been concealed; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the offician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. In the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Mar 23, 1899
4. Place of Birth, (Street and Number) 229 Pine Alley
5. Full Name of Mother, Amelia Jane Savage
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto city
8. Full Name of Father, Frank Scott
9. Father's Occupation Driver
10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return, Mrs Louisa Jane

Address, 622 Gaston St

Remarks, 1893 0 0 0 1 7 0 4.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 46747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. 23. March.
4. Place of Birth, (Street and Number) Poussan st. 1212.
5. Full Name of Mother, Marie L. Pelmer
6. Mother's Maiden Name, Marie Pfeil.
7. Mother's Birthplace, Germany. Sachsen.
8. Full Name of Father, Bernhard. Pelmer
9. Father's Occupation, Silbschmaker.
10. Father's Birthplace, Germany Sachsen

Name of Medical Attendant, or other person who makes this Return, Entbindung Museum.

Address, Poussan st. 1121 Corus Pint.

Remarks,

18930001705

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 10743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 23rd 1893
4. Place of Birth, (Street and Number) 127 W. West St Balto Md
5. Full Name of Mother, Kate Frome
6. Mother's Maiden Name, Kate Kemaneter
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Wm Frome
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 8930001706

Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 23 March

4. Place of Birth, (Street and Number) 718 E Fayette

5. Full Name of Mother, Maggie Frederick

6. Mother's Maiden Name, Grant

7. Mother's Birthplace, Balto

8. Full Name of Father, George Frederick

9. Father's Occupation Barber

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs D Mills

Address, 1862 E Lexington

Remarks, 1893 0001707

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any) shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A-46745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2d
4. Place of Birth, (Street and Number) 2135 Hanover St
5. Full Name of Mother, Rosie Blackburn
6. Mother's Maiden Name, Johnston
7. Mother's Birthplace, Frederick County
8. Full Name of Father, Arthur H. Blackburn
9. Father's Occupation, Conductor
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, J C Quick M D

Address, 31 Hanover St

Remarks, 18930001708

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 46746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* March 24th, 1893
4. *Place of Birth, (Street and Number)* 805 Raborg St.
5. *Full Name of Mother,* Mary Young.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. L. L. Eley M.D.

Address, 622 N. Lombard St.

Remarks,

1893000 1709

The State Board of Health shall have power to make such rules and regulations as may be necessary to carry out the provisions of this section, and to prescribe such forms as may be necessary to obtain the registration of births and deaths. Every birth which shall occur within the limits of Baltimore City after the first day of January, eighteen hundred and ninety-one, shall be registered as provided in this section; and it shall be the duty of the physician or midwife in attendance upon the mother, or of the father or mother of the child, or of the householder or owner of the premises where the birth occurred, to report within ten days to the office of the Registrar of Vital Statistics the birth of such child, and such report shall state the place of birth, the sex of the child, whether single birth, twins, triplets, or other plural birth, the full name of the child, if it has been named, and the full names of the parents, if married, and the maiden name of the mother, and the color of the parents, and their respective places of birth, so far as the same can be ascertained. If the child shall have been born dead, or shall die before the report of birth is required to be made, the report shall state the fact. If the child shall die before the report of birth has been made, the report of death shall state the fact that the birth has not been reported, and the name of the child, if it has been named, and the full names of the parents, if married, and the maiden name of the mother, and the color of the parents, and their respective places of birth, so far as the same can be ascertained. The full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1893. J. S. GLASGOW & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 46747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, March 29th 1893.
4. Place of Birth, (Street and Number) 622 N. Lombard st.
5. Full Name of Mother, Laura Virginia Wales.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. L. Eley M. D.

Address, 622 N. Lombard st.

Remarks,

1893 0001710

month, and shall set forth so far as the same can be ascertained the full name of each child, if any, born since the last return, and whether it is male or female, the full name and occupation of its parents, the date and place of birth, and the attendance upon the mother immediately thereafter it shall be the duty of the person or persons in attendance upon the mother immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. In the absence of a physician or practitioner of midwifery or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health. In case the birth or any of the particulars required to be reported to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, shall not be reported as above provided, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered

GEO. J. B. GILDAY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 46748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, March 24. 1893

4. Place of Birth, (Street and Number) 622 N. Lombard st.

5. Full Name of Mother, Mary E. Thompson.

6. Mother's Maiden Name,

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. M. Lawson M. D.
622 N. Lombard st.

Address,

Remarks,

8930001711

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, if any, shall have been conferred, it's sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, or by the midwife, or by the father or mother of such child, or in the absence of the father or mother, by the householder or other person present at the birth, to the office of the Commissioner of Health, in the district in which the birth occurred, within ten days after the birth. In case the birth occurs in a public institution, or in a private family where a physician or practitioner is in attendance, the said schedule shall be delivered to the physician or practitioner in charge, who shall be responsible for the delivery of the same as herein required. In case the birth occurs in a private family where no physician or practitioner is in attendance, the said schedule shall be delivered by the householder or other person present at the birth, within ten days after the birth occurs. Any person who shall neglect or refuse to comply with the requirements of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines are recovered.

1893

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 46749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, March 24th - 1893.
4. Place of Birth, (Street and Number) 1004 W. Franklin St.
5. Full Name of Mother, Rosa C. Parker.
6. Mother's Maiden Name, Stickler.
7. Mother's Birthplace, Penna.
8. Full Name of Father, Lewis J. Parker
9. Father's Occupation, Electrician.
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return. R. H. Goldsmith M.D. Harlem av. & Calhoun St.

Address,

Remarks, 1893000 1712

APP 1893

WM. A. S. MALATY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 46750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, it he delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24th 1893
4. Place of Birth, (Street and Number) 1901 Fairmount Ave
5. Full Name of Mother, Lizzie Estella Cooper Hoskins
6. Mother's Maiden Name, City
7. Mother's Birthplace, Charles Carroll Cooper
8. Full Name of Father, Upholsterer
9. Father's Occupation, City
10. Father's Birthplace, E. P. Irons M.D.

Name of Medical Attendant, or other person who makes this Return.

Address, 1838 E. Balto. St.

Remarks, 8930001713

GUNARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 4697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 20 1893
4. *Place of Birth, (Street and Number)*	1228 Hubert St.
5. *Full Name of Mother*	Stella Stampson
6. *Mother's Maiden Name*	Stella Bangs
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Stampson
9. *Father's Occupation*	Steamfitter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Jm. R. Caskey
Address	913 E. Heath St
Remarks	Long Hill
	8930001714

Health. This schedule shall contain a list of the births which have occurred since the last return of each child, if any, and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the full name and occupation of its parents, the date and place of birth, first and been conferred, its sex, color, duly signed by the Commissioner of Midwifery, or shall in case the birth of any child said schedule each and every instance of a physician or practioner of midwifery, or shall in case the birth of any child third day of without the attendance of a physician or practioner of the duty of the person or parents required, and shall occur within the mother, immediately thereafter, in the manner and within the period above required, and attendance upon the birth to the Commissioner of Health to comply with the provisions of this section shall be child to report its full name and occupation of its parents, the date and place of birth, first and last and any such person or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 24 1893
4. *Place of Birth, (Street and Number)*	206 Hanover Ave.
5. *Full Name of Mother,*	Annie Watkins
6. *Mother's Maiden Name,*	Annie Caskey
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Samuel Watkins
9. *Father's Occupation*	Capt. in Fire Dept. City
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Jno. R. Caskey
Address,	213 E. Heath St
Remarks,	Living Well

1893000171 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 46753.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 March 1893
4. *Place of Birth, (Street and Number)* 144 Eduard St
5. *Full Name of Mother,* Hanne Mina Haas
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas Haas
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs L Ellis

Address, 1002 E Monument

Remarks, 1893000171 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 25th 1893
4. *Place of Birth, (Street and Number)* 10 East Hill st
5. *Full Name of Mother,* Lena Levy
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Selig Levy
9. *Father's Occupation* Pants Presser
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, M.rs Lena Barber

Address, 46 East Fork Street

Remarks,

1893000171 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 1675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th March 93
4. *Place of Birth, (Street and Number)*	331 Forest St
5. *Full Name of Mother,*	Josephine Holmes
6. *Mother's Maiden Name,*	Josephine Keller
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Holmes
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Hanke Midwife
Address,	211 West Pratt St
Remarks,	1893 0001718

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 11676.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, March 20th 1895
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Amanda Beal
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. L. Eby M. D.
Address, 622 N. Lombard St.
Remarks.

8930001719

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the and schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or persons of such attendance upon the mother immediately thereafter, and within the period above required to child to report its birth to the Commissioner of Health in the manner and within the period above required. any such person or persons who shall neglect or fail to comply with the provisions of this section shall be jected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

BY J. C. BALANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25 93.
4. Place of Birth, (Street and Number) 822 West Pratt Street.
5. Full Name of Mother, Pauline Eugenie Otto.
6. Mother's Maiden Name, Pauline Eugenie Durst.
7. Mother's Birthplace, Ulm. Württemberg. Germany.
8. Full Name of Father, Wenzislau Joseph Otto.
9. Father's Occupation Machinist.
10. Father's Birthplace, Elbe Kosteletz (Bohemia)

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Sulack

Address, 735 W. Pratt St

Remarks,

1893000017 20

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A1678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) (Moses Silber)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25th March 1893
4. Place of Birth, (Street and Number) 920 E. Pratt St.
5. Full Name of Mother, Miki Silber
6. Mother's Maiden Name, Miki Plaeser
7. Mother's Birthplace, Lechnik Russland Province (Kovna)
8. Full Name of Father, Mendel Silber
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Subeke (Kurland)

Name of Medical Attendant, or other person who makes this Return Dr Jacob Steinberg

Address, 920. E Pratt St.

Remarks, 1893000 1721

HEALTH DEPARTMENT MAR 31 1893 BALTIMORE

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 16759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 26th. 1893.
4. Place of Birth (Street and Number),	1717 Lanvale St. (West)
5. Full Name of Mother,	M. E. Smith
6. Mother's Maiden Name,	M. E. Gorsuch
7. Mother's Birthplace,	Talbott Co. Md.
8. Full Name of Father,	W. E. Smith
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Catskill N. Y.
Name of Medical Attendant, or other person who makes this Return.	John S. Lickee M.D.
Address,	801 N. Fulton ave.
Remarks,	

893000172 2

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten to fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 46760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the 3 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday 25 march 1893
4. Place of Birth, (Street and Number) mount Hermon
5. Full Name of Mother, Maggie Olive Potts
6. Mother's Maiden Name, Maggie Olive Piper
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Alford Potts
9. Father's Occupation, Cotton work
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Miss Masters

Address, Bayard st

Remarks,

1893000 1723

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 46761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 26th 1893
4. *Place of Birth, (Street and Number)* 2028 Etting St.
5. *Full Name of Mother,* Emma Hosey
6. *Mother's Maiden Name,* Emma Hosey
7. *Mother's Birthplace,* Balto. Co. Maryland
8. *Full Name of Father,* Frank Hosey
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Frederick Md

Name of Medical Attendant, or other person who makes this Return, Hester Balance

Address, 509 N. Preston St.

Remarks,

1893000 1724

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Elizabeth Stockman

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 26 1893
4. Place of Birth, (Street and Number) 409 Bank Court
5. Full Name of Mother, Fanny Stockman
6. Mother's Maiden Name, Shore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Stockman
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Steine

Address, 427 E Pratt St.

Remarks, CHILD'S NAME ADDED. 12-14-93

1893000 1725

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14763.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 March 1923.

4. Place of Birth, (Street and Number) 311 Ottenberg St.

5. Full Name of Mother, Annie S Sicles

6. Mother's Maiden Name, Annie Trainer.

7. Mother's Birthplace, Orbisonia Pa

8. Full Name of Father, Albert J Sicles

9. Father's Occupation Cabinet maker.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Rose

Address, 711 Eason St

Remarks, 1893000 1726

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4672

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 26th 1893
4. *Place of Birth (Street and Number)*	312 Hanover st-
5. *Full Name of Mother*	Alberta Belle Allmond
6. *Mother's Maiden Name*	Alberta Belle Eastwood
7. *Mother's Birthplace*	Gloucester County Virginia
8. *Full Name of Father*	Walter Meade Allmond
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Gloucester Co Virginia
Name of Medical Attendant, or other Person who makes this Return.	E. Michaux M.D.
Address	526 S. Sharp st-
Remarks	

1893 0001 7-2

RETURN OF A BIRTH. 46765.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Eulah Louise

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, No March 26/93
4. Place of Birth, (Street and Number) No 1413 Hanover St,
5. Full Name of Mother, Susie Wells
6. Mother's Maiden Name, " Cox
7. Mother's Birthplace, Virginia
8. Full Name of Father, George Wells
9. Father's Occupation, Bullo Md
10. Father's Birthplace, Labore.

Name of Medical Attendant, or other person who makes this Return, Annie Jones

Address, No 1607 St Charles St

Remarks, Yours Respectfully,

1893 00017 28

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, March 26
4. Place of Birth, (Street and Number) 605 W Hamburg Street
5. Full Name of Mother, Caroline Tiedemann
6. Mother's Maiden Name, Caroline Daubert
7. Mother's Birthplace, Germany
8. Full Name of Father, John Peter Henry Tiedemann
9. Father's Occupation Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Barnes

Address, [illegible] Conn St

Remarks,

1893 0 0 0 1 7 2 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

4767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1893 BALTIMORE

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex,* (state whether male or female) Male.

2. *Race or Color,* (if not of the white race) White

3. *Date of Birth,* March 26th 1893

4. *Place of Birth,* (Street and Number) 1213 Holbrook St

5. *Full Name of Mother,* Eva Kimble

6. *Mother's Maiden Name,* Eva Boaf

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Kimble

9. *Father's Occupation,* Moulder

10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs E. A. White.

Address, 1410 N. Central Ave

Remarks. 1893000730

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 40768.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 26 1893
4. *Place of Birth, (Street and Number)*	26 Hillsboro St
5. *Full Name of Mother,*	Mary M. Armstrong
6. *Mother's Maiden Name,*	Ebbinger
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Thomas J. Armstrong
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Dr. Chas. Lane
Address,	1053 Hanover
Remarks,	Bal Md

1893 00017381 3

Health. This schedule shall contain a list of the births which have occurred under his or her case during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 46769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 26th. 1893.
4. *Place of Birth, (Street and Number)* N° 216 N. Fremont ave.
5. *Full Name of Mother,* Annie Huber
6. *Mother's Maiden Name,* Sterlein
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Isaac P Huber
9. *Father's Occupation* Clothing Cutter.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return Annie Lindner

Address, N° 16 S. Monroe st

Remarks,

1893000732

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ernest Louis Kirner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th of May 1892
4. *Place of Birth, (Street and Number)*	2 Frederick Av
5. *Full Name of Mother,*	Erustina Kirner
6. *Mother's Maiden Name,*	Erustina Kirschke
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Friederich Kirner
9. *Father's Occupation*	Bierbrauer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Kruder Midwife
Address,	216 West Pratt St
Remarks,	[DATE ADDED 6-17-52] 1893000 L.M. 3

month, and shall set forth after as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 46771.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1ST 1893 BALTIMORE

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	March 27th 1893.
4. Place of Birth, (Street and Number)	1150 N Carrollton Ave.
5. Full Name of Mother,	Sarah J. Clark.
6. Mother's Maiden Name,	Sarah J. Freshour.
7. Mother's Birthplace,	Balto City.
8. Full Name of Father,	D. W. Clark.
9. Father's Occupation,	Driver.
10. Father's Birthplace,	Howard Co Md.
Name of Medical Attendant, or other person who makes this Return,	John D Pennington M.D.
Address,	1716 Linden Ave.
Remarks,	1893000 1734

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th March
4. *Place of Birth, (Street and Number)* Private 914 Canby Alley
5. *Full Name of Mother,* Emma Fischer
6. *Mother's Maiden Name,* Emma Lipe
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Fischer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Miss Bamford

Address, 114 Cross St

Remarks,

1893000 1735

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7th 1893
4. *Place of Birth, (Street and Number)* 511 E Eager St
5. *Full Name of Mother,* Gilliam McConnell
6. *Mother's Maiden Name,* Lyle Ware
7. *Mother's Birthplace,* Tennessee
8. *Full Name of Father,* Robt E McConnell
9. *Father's Occupation* Clerk in Post Office
10. *Father's Birthplace,* Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, W C Rowe

Address, 200 E Eager St

Remarks, 1893 0007736

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27, 1893.
4. Place of Birth, (Street and Number) 406 Carlington Ave
5. Full Name of Mother, Barbara Schanoles
6. Mother's Maiden Name, Barbara Bues
7. Mother's Birthplace, Germany
8. Full Name of Father, Georg Schanoles
9. Father's Occupation Plumer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 406 Lexington Ave.

Remarks,

1893000 1737

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 46775.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* March 27 1893
4. *Place of Birth, (Street and Number)* 163 Clarkson St South Balto
5. *Full Name of Mother,* Teresia Truffer
6. *Mother's Maiden Name,* Teresia Hoaching
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Albert Truffer
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Switzerland

Name of Medical Attendant, or other person who makes this Return. Anna Marie Goelle

Address, 1703 Hanover St South Balto Md

Remarks,

1893000 1736

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GUE. J. D. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 46776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 27
4. *Place of Birth, (Street and Number)*	327 E Gaehmnt St
5. *Full Name of Mother,*	Mrs Estin Bridie Dopon
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jas Dopon
9. *Father's Occupation*	Brick Maker B&O
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	E. E. Ulrich
Address,	Union Square
Remarks,	

1893000173 9

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 24677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 27/93
4. *Place of Birth, (Street and Number)* No 23 S. Hamburg St
5. *Full Name of Mother,* Lizzie Dorschel
6. *Mother's Maiden Name,* L. Bradley
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edw. R. Dorschel
9. *Father's Occupation* Glassblower
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] Hall Street

Remarks, 1893 0001740

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 16778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 27. 1873
4. Place of Birth (Street and Number),	816 N. Fulton ave.
5. Full Name of Mother,	Nannie Wolfe
6. Mother's Maiden Name,	Nannie Schaf
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jno. W. Wolfe
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	John D. Lickle M.D.
Address,	801 N. Fulton ave.
Remarks,	

1893 0001741

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

A 46779.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* March 27/93
4. *Place of Birth, (Street and Number)* No 1722 Charles St.
5. *Full Name of Mother,* Gertrude Ferguson Harvey
6. *Mother's Maiden Name,* M. Ferguson
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* James Harvey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Annie Jones

Address, No 1603 E Charles St

Remarks, Yours Respectfully

1893 0001742

Health.—The schedule shall contain a list of the births which have occurred under the observation of the informant during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 14780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	March 27th 1893
4. *Place of Birth, (Street and Number)*	623 N. Washington Street
5. *Full Name of Mother.*	Mary Teresa McShane.
6. *Mother's Maiden Name.*	" " Cashmyer
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father.*	John M. McShane
9. *Father's Occupation.*	Draughtsman
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant. (or other Person who makes this Return)	James E. McShane, M.D.
Address.	2 S. Patterson Park Ave.
Remarks.	

1893000 1743

...during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents or such child to report the birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any parent or parents who shall become remiss or fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

...RST & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 46781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 27 11
4. Place of Birth, (Street and Number)	Balt. City 2110 Cambridge St
5. Full Name of Mother,	Catherine Mynch
6. Mother's Maiden Name,	Catherine Kangner
7. Mother's Birthplace,	Poland
8. Full Name of Father,	Jhan Munch
9. Father's Occupation	Stevedor
10. Father's Birthplace,	Jermy
Name of Medical Attendant, or other person who makes this Return,	Mrs Mc Peregoy
Address,	1903 Gough St
Remarks,	1893000174 4

Wm. J. C. Dulany Co., City Printers and Stationers

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 27/93
4. *Place of Birth, (Street and Number)*	242 S. Castle str.
5. *Full Name of Mother,*	Josephina Enger
6. *Mother's Maiden Name,*	Strobe
7. *Mother's Birthplace,*	Ballo.
8. *Full Name of Father,*	John Enger
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Ballo.
Name of Medical Attendant, or other person who makes this Return,	
Address,	Mrs. Diesenhofer 1806 Eastern Ave
Remarks,	

1893000175

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. 14783.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	VIII
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 27/98
4. *Place of Birth, (Street and Number)*	530. S. Amity str.
5. *Full Name of Mother,*	Elisabeth Kuhn
6. *Mother's Maiden Name,*	Deboy
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Kuhn
9. *Father's Occupation*	Cigarmacker
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Diefenhofer
Address,	916 Robtern Ave.
Remarks,	1893 0001 746

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 6-10-55 A 46784

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Augusta Possinger III
1. Sex, (state whether male or female)	Child
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 2/93
4. Place of Birth, (Street and Number)	607 S. Burke str.
5. Full Name of Mother,	Carolina Possinger
6. Mother's Maiden Name,	Grimmeiss
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Geo. Possinger
9. Father's Occupation	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return	Mrs Deisenhofer
Address,	1806 Eastern Ave.
Remarks,	1893000174 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become and within the period above required, such shall be the duty of a physician or practitioner of midwifery, in the manner and subject to the penalties hereinafter prescribed. In the manner and within the provisions of this section shall be attended to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 46785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27 — 93.
4. Place of Birth, (Street and Number) 646, W. Lee St
5. Full Name of Mother, Mattie Wheatley
6. Mother's Maiden Name, " Abbott,
7. Mother's Birthplace, Baltimore Md,
8. Full Name of Father, Thos. E. Wheatley
9. Father's Occupation Engineer in Fire Department
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Thos. M. Lumpkin M.D.

Address, 640, W. Burn, St;

Remarks,

+ 8930001748

Wm. J. C. Dulany Co., City Printers and Stationers

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or other parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

4678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louis Edwin Spiess

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 27th - 1893
4. Place of Birth, (Street and Number)	911 Light St.
5. Full Name of Mother,	Emelia Spiess Ruegg
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Charles Spiess
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	C. L. Buddenbohn
Address,	418 S. Paca St.
Remarks,	GIVEN NAME ADDED. 9-24-53

1893000174 1 9m

and shall enter the same on a blank to be furnished by the Commissioner of Health. This certificate must be made out in the list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately after the same, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) March 27 1893
3. Date of Birth. #839 W. Lombard St.
4. Place of Birth, (Street and Number) Alice Schoen
5. Full Name of Mother. Raussmul
6. Mother's Maiden Name. Switzerland
7. Mother's Birthplace. P. G. Schoen
8. Full Name of Father. Printer
9. Father's Occupation Baltimore
10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return. A. L. Gradwohl

Address. 855 W. Lombard St.

Remarks. 1893 0001 250

Wm. J. C. Dulany Co., City Printers and Stationers

A 4678

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th March 1893
4. Place of Birth, (Street and Number) 2124 E. Pratt St.
5. Full Name of Mother, Lena Webster Tyler
6. Mother's Maiden Name, Fostwell
7. Mother's Birthplace, St Marys Co. Md.
8. Full Name of Father, Thomas Frank Tyler
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Somerset Co Md

Name of Medical Attendant, or other person who makes this Return. E. P. Sons M.D.

Address, 1835 E. Balto. St.

Remarks,

1893000175 1

Sec. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten 10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 46789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 2nd 7th A.M. 1893
4. *Place of Birth (Street and Number),* 1st Door Laporte & Ave
5. *Full Name of Mother,* Eliza Heibel
6. *Mother's Maiden Name,* Eliza Bove.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Jno Heibel
9. *Father's Occupation,* Contractor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Jacob E Schmidt M D

Address, 131 Baltimore St East

Remarks,

1893 U D 1752

and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RTH A. 46784

alth, Baltimore City.

lid

793

Y & Ave

ronville MD

2

RETURN OF A BIRTH. A. 46790.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 27th 1893
4. Place of Birth, (Street and Number) 11 21 Parish alley Balto
5. Full Name of Mother, Lizzie Mills
6. Mother's Maiden Name, Lizzie James
7. Mother's Birthplace, Calvert county md
8. Full Name of Father, Joseph James
9. Father's Occupation, Miner
10. Father's Birthplace, Calvert county md

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address, 1510 Vincent st

Remarks, 1893000 1753

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 16791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) W
3. Date of Birth, March 28th 1893.
4. Place of Birth, (Street and Number) 3181 O'Donnell st.
5. Full Name of Mother, Jennie Brownley.
6. Mother's Maiden Name, Jennie Wilkins
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm H. Brownley.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return David W Jones

Address, 3118 O'Donnell St.

Remarks, 1893000 1754

John Murphy & Co., City Printers and Stationers.

Every Physician, Midwife or other person who shall have charge of any case of birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) schedule shall be delivered by the practitioner in the form of a list of the births which have been confirmed, duly signed by the practitioner of Health. In case the parents, the date and first and third day of each month to the Office of the Commissioner or should no other person birth of any child shall occur without the attendance upon the commissioner of Health, in the manner and within the period above required, fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* March 28th 1893
4. *Place of Birth, (Street and Number)* No 2006 Biddle Str
5. *Full Name of Mother,* Sarah Porter
6. *Mother's Maiden Name,* Berenger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Porter
9. *Father's Occupation* Truck driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L Sears

Address, No 1907 E Monument Str

Remarks, 1893000 1755

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	March 28, 1893
4. *Place of Birth, (Street and Number)*	820 N. Mulberry St
5. *Full Name of Mother,*	Sophia F. Franke
6. *Mother's Maiden Name,*	Sophia F. Kellerman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Ernst H. Franke
9. *Father's Occupation*	Workman
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Susan Hunt.
Address,	230 E. Lexington St.
Remarks,	1893 0001756

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 46792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 28/93
4. *Place of Birth, (Street and Number)*	729 W Franklin St
5. *Full Name of Mother,*	Mrs. Mary Etta R Stan
6. *Mother's Maiden Name,*	" / " Hinkle
7. *Mother's Birthplace,*	W Va
8. *Full Name of Father,*	G. Albert R Stan
9. *Father's Occupation,*	employed by Adams exp.
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	† C W Worthington
Address,	540 W Fayette St
Remarks,	1893 0001757

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of each child born to the mother. In case the birth of any child has been conferred, it shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered every month to the office of the Commissioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A46795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28 d March

4. Place of Birth, (Street and Number) Linden Hall St. 951

5. Full Name of Mother, Mrs Lena Henriette Pillmann

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Jacob Lang

8. Full Name of Father, Kaufmann

9. Father's Occupation, Baltimore

10. Father's Birthplace, Keine Antwort

Name of Medical Attendant, or other person who makes this Return, Linden Hall St.

Address, 5

Remarks, 1893000 1758

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46796.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Mar. 28/93.
4. *Place of Birth, (Street and Number)*	30 Lloyd St.
5. *Full Name of Mother,*	Maria Coan
6. *Mother's Maiden Name,*	Keen
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Coan
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs. Jennie Trent
Address,	19 N. Eden St.
Remarks,	1893 0001759

HEALTH DEPARTMENT MAR 31 1893 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46797.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 28th 1898
4. Place of Birth, (Street and Number) Bowley Lane (no No.)
5. Full Name of Mother, Sarah Collins
6. Mother's Maiden Name, Phillin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Collins
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Witheld

Address, No. 1720 N. Collington Ave

Remarks,

1893 0001760

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 46798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 28
4. Place of Birth, (Street and Number) Forest 257
5. Full Name of Mother, Sadie Coleman
6. Mother's Maiden Name, Sadie Hatten
7. Mother's Birthplace, Virginia
8. Full Name of Father, Samuel Coleman
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Pattison

Address, 701 Lewis st

Remarks, Doing Well

B 9 3 0 0 0 1 7 6 1

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 46799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, March 29 98
4. Place of Birth, (Street and Number) 1120 Barclay St
5. Full Name of Mother, Annie Holbrook
6. Mother's Maiden Name, Annie Allard
7. Mother's Birthplace, Balto City
8. Full Name of Father, Robert Holbrook
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. O.G. Dare MD

Address, 1547 N Caroline St

Remarks,

1893000 1762

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 46800

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 29 th 1893
4. Place of Birth, (Street and Number)	No — Goodman al Gilbie Ullman
5. Full Name of Mother,	Libbie Board
6. Mother's Maiden Name,	Baltimore
7. Mother's Birthplace,	Christopher Tollman
8. Full Name of Father,	Laborer
9. Father's Occupation,	Baltimore
10. Father's Birthplace,	Catherine Horning
Name of Medical Attendant, or other person who makes this Return,	No 1817 Byrd St
Address,	
Remarks,	1893 0001763

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 16801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* March 29th 1893.
4. *Place of Birth, (Street and Number)* 622 N. Lombard St.
5. *Full Name of Mother,* Mary Finley
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. M. Lawson M. D.

Address, 622 N. Lombard st.

Remarks,

1893 0001764

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month,

WM. J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 46802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name,	Catherine Martha ~~Schindle~~
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	29th March 92
4. Place of Birth, (Street and Number)	216 Prince St.
5. Full Name of Mother,	Schindle Katharina (Schindle)
6. Mother's Maiden Name,	Katharina Rice
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Schindle Herman (Schindle)
9. Father's Occupation	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Frederike Heuter Midwife
Address,	216 West Pratt St
Remarks,	1893 0001765

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 46803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 30
4. *Place of Birth, (Street and Number)*	1102 Hanover st
5. *Full Name of Mother,*	Mary Williams
6. *Mother's Maiden Name,*	[illegible] Ward
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Samuel Williams
9. *Father's Occupation,*	Glass Worker
10. *Father's Birthplace,*	Canada
Name of Medical Attendant, or other person who makes this Return.	J. C. Leach M.D.
Address,	571 Hanover st
Remarks,	

B 930001766

Health. This schedule shall contain a list of the births which shall occur within the first week of each month, and shall be delivered, duly signed by the practitioner in attendance, or by the parents, the nurse or other person who shall have been conferred, to the office of the Commissioner of Health, on the first Monday of the month next following; and the said schedule shall set forth as far as the same can be ascertained the full name of each child (if any shall have been christened) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report its birth to the Commissioner of Health, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter to make a certificate setting forth the date and place of birth, and the any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored.
3. Date of Birth, March 24th 1893.
4. Place of Birth, (Street and Number) 622 N. Lombard st.
5. Full Name of Mother, Nettie Jones
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. L. L. Eley M. D.

Address, 622 N. Lombard st.

Remarks.

1893 0001767

Within is to be set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

E. 46805

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 29th, 1893.
4. Place of Birth (Street and Number)	#2129 Fairmount Av.
5. Full Name of Mother	Bertha J. Wilson
6. Mother's Maiden Name	Bertha J. Gathwright
7. Mother's Birthplace	Baltimore City, Md.
8. Full Name of Father	George B. Wilson
9. Father's Occupation	Engineer
10. Father's Birthplace	Philadelphia, Pa.
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger
Address	#1709 Alice Anna St.
Remarks	

1893000176 8

A-146806

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwifery, of the person or parents of such third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in charge of the mother, immediately thereafter, in the manner and within the period above required, and attendance upon the mother, to report the birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29 1879
4. Place of Birth, (Street and Number) 760 N. Bond St
5. Full Name of Mother, Helen Politzer
6. Mother's Maiden Name, Helen Erlebacher
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Politzer
9. Father's Occupation Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 E. Preston St

Remarks, 0930001769

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 29th 1873
4. *Place of Birth, (Street and Number)*	#1147 N. Mount St
5. *Full Name of Mother,*	Mary Virginia Clifford
6. *Mother's Maiden Name,*	" " Dobson
7. *Mother's Birthplace,*	Baltimore City Md
8. *Full Name of Father,*	Chas Kenny Clifford
9. *Father's Occupation*	Manager
10. *Father's Birthplace,*	Balto City Md
Name of Medical Attendant, or other person who makes this Return	Susan Hunter
Address,	23 N Poppleton St
Remarks,	1893 0001770

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. D 46808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29 March
4. Place of Birth, (Street and Number) 1025 E Front St
5. Full Name of Mother, Isabella Marlan
6. Mother's Maiden Name, Isabella Galager
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, Henry R. Warlan
9. Father's Occupation Ironmoulder
10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Pink midwife

Address, 1516 S High St

Remarks, 5 9 3 0 0 0 1 7 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A- 46809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29 1898
4. Place of Birth, (Street and Number) 1111 Watson St
5. Full Name of Mother, Dora Blumstein
6. Mother's Maiden Name, Dora Cohn
7. Mother's Birthplace, Russia
8. Full Name of Father, Nathan Blumstein
9. Father's Occupation, Grocery dealer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L Grazwalds

Address, 19 N High

Remarks, 1893000172

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 146810.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 30 1893
4. *Place of Birth, (Street and Number)*	617 Hoffman St
5. *Full Name of Mother,*	Margaret Harder
6. *Mother's Maiden Name,*	Margaret Ulrich
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Bernard Schafer
9. *Father's Occupation*	Water Works
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Dr. C. H. Lauer
Address,	1039 Hanford Ave
Remarks,	Bal. Md.

1893000146 3 93

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 46811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

/

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 30-1917

4. Place of Birth, (Street and Number) 1 N. West St.

5. Full Name of Mother, Hannah V. Emmert

6. Mother's Maiden Name, Same

7. Mother's Birthplace, Balto.

8. Full Name of Father, William E. Emmert

9. Father's Occupation Cigar Maker

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Jno. Emmert

Address, 100 E. Randall St

Remarks, 8930001774

---

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 14817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 March 1913
4. Place of Birth, (Street and Number) 625 Barney St.
5. Full Name of Mother, Katie Cadell
6. Mother's Maiden Name, Katie Harrington
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Willie Cadell
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bargt

Address, 711 Cross St.

Remarks,

1893000 1775

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th '93
4. Place of Birth, (Street and Number) 1213 N. Washington st
5. Full Name of Mother, Eva Fullman
6. Mother's Maiden Name, " Newwiller
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Fullman
9. Father's Occupation, Farmer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby M. D.

Address, 1219 N. Caroline st.

Remarks. 1893 0001776

APR 3 1893

... shall contain a list of the births which have occurred under his or her care during the ... Health. This schedule shall contain as far as the same can be ascertained the full name of each child, if any shall have ... month, and shall set forth as far as the same can be ascertained the full name of each place of birth, and the ... conferred; its sex, color, the full name and the practitioner in the ... Health. In case no other person be in ... been scheduled shall be delivered month to the office ... cian or practitioner of midwifery, or should no parents of such ... said schedule shall be delivered month to the office ... cian or practitioner of the duty of the person above required, and ... said day of each and every ... dance of a physician ... shall become and within the period ... section shall be sub- ... third ... occur without the attendance of a physician ... immediately thereafter, in the manner and the provisions of this section shall be ... shall cause upon the mother ... Commissioner of Health to comply with the ... attendance upon the mother ... Commissioner of Health, fail to comply with the ... child to report its birth to the ... who shall hereafter fail to ... be recovered as other fines and forfeitures are recoverable ... any such person or persons ... offense, to be recovered as other fines and forfeitures are recoverable ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. SULLIVAN SD CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A-46814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-11
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	30th March 1893
4. *Place of Birth, (Street and Number)*	1028 Stockton st
5. *Full Name of Mother,*	Susan Smith
6. *Mother's Maiden Name,*	Susan Smith
7. *Mother's Birthplace,*	Westmoreland Co Va
8. *Full Name of Father,*	Solomon Wise
9. *Father's Occupation,*	Wagon Driver
10. *Father's Birthplace,*	Washington D C
Name of Medical Attendant, or other person who makes this Return.	Lucinda Mitchell
Address,	
Remarks,	1893000177 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female),*	Male.
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	March 30 - 93.
4. *Place of Birth (Street and Number),*	227 S. High
5. *Full Name of Mother,*	Mary Fine
6. *Mother's Maiden Name,*	Mary Kisel
7. *Mother's Birthplace,*	Russia.
8. *Full Name of Father,*	Abraham Fine
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Alfred L. Hitchcock M.D. 1 1/2 E. Lombard
Address,	6. S. Exeter St.
Remarks,	Prolonged 2nd Stage - Forceps. Died April 1st/93

1893 0001770

This schedule shall contain a list of the births which have occurred since the ... and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been concealed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 146816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 30th 1893
4. Place of Birth, (Street and Number)	1714 Patterson Ave
5. Full Name of Mother,	Silvertha Zilke
6. Mother's Maiden Name,	Maiden
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Gustav Zilke
9. Father's Occupation,	Baker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Chas E Sadtler
Address,	2100 Lond & Hill Ave
Remarks,	8930001779

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 4817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, 2d, ~~3d~~, &c.)

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or color, (~~if not of the white race~~)
3. Date of Birth, March 20th 1893
4. Place of Birth, (Street and Number) 236 Richmond St
5. Full Name of Mother, Josephine Guglotto
6. Mother's Maiden Name, " Foster
7. Mother's Birthplace, Italy
8. Full Name of Father, Augustine Guglotto
9. Father's Occupation, Fruit Stand
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Alfred Shorter MD

Address, 25 N Preston St

Remarks, 1893 0001780

HEALTH DEPARTMENT MAR 31 1893 BALTIMORE

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 30th
4. Place of Birth, (Street and Number) 126 Winter st
5. Full Name of Mother, Josephine Scanlon
6. Mother's Maiden Name, Katherine Price
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, Jno F Scanlon
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Chas McMenamin

Address, 100 Lombard Street

6930001781

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereon, to the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 4879

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar. 30th 1893.
4. *Place of Birth, (Street and Number)*	229 Park Ave.
5. *Full Name of Mother,*	13. Ella " Kerby
6. *Mother's Maiden Name,*	Rogers
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Wm. P. Rogers.
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	Wm. A. B. Pellman M.D.
Address,	5 E. Biddle St.
Remarks,	18930001782

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46870.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 30 March
4. Place of Birth, (Street and Number) 412 N Carrollton
5. Full Name of Mother, Gertrude Potter
6. Mother's Maiden Name, Scicara
7. Mother's Birthplace, Cpeleton Md
8. Full Name of Father, Wm J Potter
9. Father's Occupation Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Uhlig

Address, 302 Eddington

Remarks. 1893000 1783

Wm. C. Dulany Co., City Printers and Stationers

A 14877

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White.
3. Date of Birth.	March 30, 93
4. Place of Birth, (Street and Number)	115 W. Lombard.
5. Full Name of Mother,	Bettie Smith.
6. Mother's Maiden Name.	
7. Mother's Birthplace.	W. Va.
8. Full Name of Father,	Mr Known.
9. Father's Occupation,	"
10. Father's Birthplace,	"
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frames
Address,	115 W. Lombard St.
Remarks,	1 8 9 3 0 0 0 1 7 8 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46877

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eigth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30
4. Place of Birth, (Street and Number) 116 Albemarle St
5. Full Name of Mother, Hanna March
6. Mother's Maiden Name, Hanna Unde
7. Mother's Birthplace, Russia
8. Full Name of Father, Fathan March
9. Father's Occupation, Taylor
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, L Grzywatch

Address, № 19 N. High St

Remarks, 1893000 1785

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner(s) of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

46873.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 31, 1893
4. Place of Birth, (Street and Number) Pearl Alley No 110
5. Full Name of Mother, ginney dandy
6. Mother's Maiden Name,
7. Mother's Birthplace, dorchester Caunt Virginia
8. Full Name of Father, robert smith
9. Father's Occupation, labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, raphal Sage Wilson

Address, No 115 west Fayette st

Remarks, full 9 3 8 0 8 1 7 8 6

THE J. C. BALANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 16874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 30th. 1893
4. Place of Birth, (Street and Number) No 3010 Eagle St.
5. Full Name of Mother, Lizzie Goldmacher
6. Mother's Maiden Name, (Lizzie G. Gerhardt.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Frederick Goldmacher.
9. Father's Occupation Brush Worker.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return Annie Lindner

Address, No 106 S Monroe

Remarks, 8 9 3 0 0 0 1 7 8 7

Wm. J. C. Dulany Co., City Printers and Stationers

Register of births, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46825.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	Negro.
3. Date of Birth,	March 30, 93
4. Place of Birth, (Street and Number)	115. W. Lombard.
5. Full Name of Mother,	Hattie Rice.
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Va.
8. Full Name of Father,	Not known.
9. Father's Occupation,	" "
10. Father's Birthplace,	" "
Name of Medical Attendant, or other person who makes this Return,	W. Wayland Frame.
Address,	115 W. Lombard.
Remarks,	8930001788

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14876.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex,* (state whether male or female)	Male
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	March 31st 1893
4. *Place of Birth,* (Street and Number)	#113 Hanna Ave
5. *Full Name of Mother,*	Elizabeth Benson
6. *Mother's Maiden Name,*	Elizabeth Kinnear
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Lee F. Benson
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto. City Md
Name of Medical Attendant, or other Person who makes this Return.	F. D. Brown M.D.
Address,	#1049 Hollins St
Remarks,	1893000 1789

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. A 46827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31/93
4. Place of Birth, (Street and Number) 2524 Canton Ave.
5. Full Name of Mother, Fabrina Rothe
6. Mother's Maiden Name, " Glenn
7. Mother's Birthplace, Balto.
8. Full Name of Father, Bruno Rothe
9. Father's Occupation, Tinner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 406 Eastern Ave.

Remarks, 8930001 4/6

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. 46828

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 3rd

4. Place of Birth, (Street and Number) 1021 Front St

5. Full Name of Mother, Elizabeth Gillen

6. Mother's Maiden Name, Elizabeth Coles

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Andrew Gillen

9. Father's Occupation, Laborer

10. Father's Birthplace, ~~Harbor~~ Baltimore city Md.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Champ

Address, 511 Eutaw St

Remarks, 893000179 1

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the color, the full name and occupation of the parent, the date and place of birth; and the been conferred; its sex, delivered, duly signed by the Commissioner of Health. In case the birth of any child said schedule shall be delivery month to the office of the practitioner of midwifery, of the person or parents of such third day of each and every attendance of a physician or shall become the duty of the period above required, and shall occur without the attendance immediately thereafter. In the manner and within the provisions of this section shall be subattendance upon the mother, Commissioner of Health, comply with the provisions of forfeitures are recoverable. child to report its birth to the who shall hereafter fail to any such person or persons who shall for each offence, to be recovered as other fines and jected to the fine of ten (10) dollars

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 30th 1893

4. Place of Birth, (Street and Number) 939 N. Mount St

5. Full Name of Mother, Annie Matilda Stiltz

6. Mother's Maiden Name, Murr

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Luther Boyce Stiltz

9. Father's Occupation, Salesman

10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address. 23 N Poppleton St

Remarks. 8930001792

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 16880.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	1st
1. *Sex.* (*State whether male or female*)	Female
2. *Race or color.* (*if not of the white race*)	W
3. *Date of Birth,*	March 31-93
4. *Place of Birth.* (*Street and Number*)	1022 N Durham
5. *Full Name of Mother,*	Jessie L. Grieb
6. *Mother's Maiden Name,*	Jones
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Grieb
9. *Father's Occupation,*	Broom Maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 McKeough
Remarks,	8930001793

register of such birth, and shall enter the same on a blank schedule, to be furnished to him or her by the Registrar of Vital Statistics, Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or midwife, or should no or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Mother of the 2 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colord Race
3. *Date of Birth,*	Born March 31st 1893
4. *Place of Birth, (Street and Number)*	Baltimore Mulliken St 1757
5. *Full Name of Mother,*	Rosa Taylor
6. *Mother's Maiden Name,*	Rosa Hudgins
7. *Mother's Birthplace,*	Matthews County Va
8. *Full Name of Father,*	Robert Taylor
9. *Father's Occupation*	Wheeler
10. *Father's Birthplace,*	Lancaster County Va
Name of Medical Attendant, or other person who makes this Return,	Geo. Thos. Brooks
Address,	No 1752 Mulliken St
Remarks,	893000794

Health. This return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 31 1893
4. *Place of Birth, (Street and Number)* No 215 N Washington St
5. *Full Name of Mother,* Lena Ulbrich
6. *Mother's Maiden Name,* Baier
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Baier
9. *Father's Occupation* Lager Burger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs L Gross

Address, No 1907 E Monument St

Remarks, 8930001795

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health. In the manner and within the provisions of this section shall be, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH.

A46833

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (~~state whether~~ Male ~~or Female~~)* Male

2. *Race or Color (if not of the white race)* —

3. *Date of Birth* June 6 1893.

4. *Place of Birth (Street and Number)* 223 N. Calvert

5. *Full Name of Mother* Mamie P. Lucas

6. *Mother's Maiden Name* Mamie [illegible]

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* [illegible] Lucas

9. *Father's Occupation* Merchant

10. *Father's Birthplace* So. Carolina

Name of Medical Attendant, or other Person who makes this return Dr. Preston Thos. L. 105 N. Calvert St.

Address

Remarks 8930001796

(Attd)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 14824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Nov 31/99
4. Place of Birth, (Street and Number)	10 E Eng't-
5. Full Name of Mother,	Fannie Dorton
6. Mother's Maiden Name,	Fannie Griffin
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Henry Dorton
9. Father's Occupation,	Cook
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	D. C. Credith
Address,	421 N. Pine St-
Remarks,	1893000 1797

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 46830.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31st 1893
4. Place of Birth, (Street and Number) 1409. S. Charles. St
5. Full Name of Mother, Amanda Melvina Hubbard
6. Mother's Maiden Name, Amanda Melvina Moon
7. Mother's Birthplace, Baltimore . md
8. Full Name of Father, James . H. Hubbard
9. Father's Occupation, Oyester Dealer
10. Father's Birthplace, Baltimore . md

Name of Medical Attendant, or other person who makes this Return, Ellamora. a. anderson

Address, 1434 Patapsco . St

Remarks, 8930001798

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

D 46836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 31 March 1893
4. Place of Birth, (Street and Number) 1120 Riverside Ave
5. Full Name of Mother, Ella McMahan Garland
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Henry McMahan
8. Full Name of Father, Salomon
9. Father's Occupation
10. Father's Birthplace, Boston Mass

Name of Medical Attendant, or other person who makes this Return Elizabeth Yarnell

Address, 7362 Dent Ave

Remarks, 8930001799

Wm. J. C. Dulany Co., City Printers and Stationers

Register of Births. The Health Officer shall cause to be kept a register of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 15 1892
4. *Place of Birth, (Street and Number)*	130 Calvin St
5. *Full Name of Mother,*	Mary A. Lucas
6. *Mother's Maiden Name,*	Mary A. Eaton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Levi Lucas
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. A. Butt.
Address,	1245 E. Monument St.
Remarks,	All right. 3 0 0 0 1 8 0 0

The Law. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and the practitioner in the form of a certificate between the first and Health. In case the birth of any child said schedule shall be delivered, duly signed by the Commissioner of Health, or should no other person be in third day of each and every month to the office of practioner of midwifery, or of the person or parents of such shall occur without the attendance of a physician it shall become the duty of the person above required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4838.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3rd 1893
4. Place of Birth, (Street and Number) 1103 N Calvert St
5. Full Name of Mother, Helen Hanlon
6. Mother's Maiden Name, Kelly
7. Mother's Birthplace, Norwich Connecticut
8. Full Name of Father, Edward Hanlon
9. Father's Occupation Manager Baltimore Base Ball Club
10. Father's Birthplace, Montreal Canada

Name of Medical Attendant, or other person who makes this Return, D H Nelson M.D.

Address, 1201 E Eager St

Remarks,

1893000 1801

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

D. 4839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 14th 1893

4. Place of Birth, (Street and Number) 2 S Libel St

5. Full Name of Mother, Rosa E Gaughan

6. Mother's Maiden Name, Lodge

7. Mother's Birthplace, Balto.

8. Full Name of Father, Michael A Gaughan

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S H Feldman M.D.

Address, 1001 E Lexington St

Remarks, 1893 00018 02

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 46840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 4th March 1893
4. Place of Birth, (Street and Number) 854 N. Stricker St
5. Full Name of Mother, Mary B. Wunder
6. Mother's Maiden Name, [illegible] Loflin Lafferty
7. Mother's Birthplace, Balto
8. Full Name of Father, Ed. L. Wunder
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. M. H. Ledley

Address, 1004 N. Eutaw St

Remarks, 6 9 3 0 0 0 1 8 0 3

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

To be filled up, the same on a blank specific to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur within the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 4847.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	w
3. *Date of Birth,*	7th March 98.
4. *Place of Birth, (Street and Number)*	931 Hollins St
5. *Full Name of Mother,*	Anna Elizabeth Milky
6. *Mother's Maiden Name,*	Anna " Roleder
7. *Mother's Birthplace,*	Jagsthausen Wurtemburg, Germany
8. *Full Name of Father,*	Nic Milky
9. *Father's Occupation,*	Surg. Instrumentmaker
10. *Father's Birthplace,*	Dantzic Germany
Name of Medical Attendant, or other person who makes this Return.	M. L. Ledley
Address,	1004 Vat Lexington St.
Remarks,	8930001804

The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as known the same as a blank schedule, to be furnished by the Commissioner of Health. This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be ascertained the full name of each child, if any, and the shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 14684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Child
3. *Date of Birth*	March 7 1893
4. *Place of Birth, (Street and Number)*	1321 Lamment St
5. *Full Name of Mother*	Katie Rauch
6. *Mother's Maiden Name*	Katie Kerr
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry Rauch
9. *Father's Occupation*	Cooper
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other person who makes this Return	Dr A Burr
Address	1241 S. Lamment St.
Remarks	All Right 0 0 0 1 8 0 5

The Registrar shall cause a list of the births which have occurred under his or her care during the preceding week, and shall contain a list of the births which have occurred under his or her care during the preceding week, and shall contain a list of the births which have occurred under his or her care during the preceding week, and shall contain

RETURN OF A BIRTH.

A 46843.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 13th 1893
4. Place of Birth, (Street and Number) No 1528 Blunt St
5. Full Name of Mother, Novella Dorsey
6. Mother's Maiden Name, Novella Bailey
7. Mother's Birthplace, Virginia Northumberland Co
8. Full Name of Father, Henry Dorsey
9. Father's Occupation, Hack driver
10. Father's Birthplace, Harford Road Md.

Name of Medical Attendant, or other person who makes this Return, Mary A Pets

Address, 2206 Etting St.

Remarks,

1893 0001806

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 18844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner a midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14 1893
4. Place of Birth, (Street and Number) 511 Bloom
5. Full Name of Mother, Katharina Stock
6. Mother's Maiden Name, Loetz
7. Mother's Birthplace, Bargeon Germany
8. Full Name of Father, Andreas Stock.
9. Father's Occupation, Barkeeper
10. Father's Birthplace, Bargeon Germany

Name of Medical Attendant, or other person who makes this Return, Frank E Neff

Address,

Remarks, 1893 3 6 0 0 1 8 6 Etting St

Wm J C Dulany Co, City Printers and Stationers.

RETURN OF A BIRTH. 46845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 16th 1893
4. *Place of Birth, (Street and Number)*	1211 E Chase St
5. *Full Name of Mother,*	Angela Zimmerman
6. *Mother's Maiden Name,*	Place
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Fredrick Zimmerman
9. *Father's Occupation*	Clothing Cutter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Scott Glover M.D.
Address,	1201 E Eager St
Remarks,	893000018 08

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 40826.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its father, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon birth to the Commissioner fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. March 16 1893

4. Place of Birth, (Street and Number) 38 Kayford Road.

5. Full Name of Mother, Mary Conuel

6. Mother's Maiden Name, Mary Graham

7. Mother's Birthplace, Balto

8. Full Name of Father, J. Conuel

9. Father's Occupation Stone-cutter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. C. Butt.

Address, 1246 E Monument St. & Then. Central Ave.

Remarks, All Well 0 0 1 8 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 10847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the date and place of birth, and the name, color, and occupation of its parents, the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of the father of such child. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18th 1893
4. Place of Birth, (Street and Number) 1411 E. Chester St.
5. Full Name of Mother, Mary Andrews
6. Mother's Maiden Name, Edwards
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Charles Andrews
9. Father's Occupation Bricklayer
10. Father's Birthplace. Md.

Name of Medical Attendant, or other person who makes this Return, S. H. Solomon M. D.

Address, 1501 E. Eager St.

Remarks, 1893 0001810

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 46848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white
3. Date of Birth, Mar 17 1893.
4. Place of Birth, (Street and Number) 206 Old Frederick Road.
5. Full Name of Mother, Eliza Cain
6. Mother's Maiden Name, Eliza Cain
7. Mother's Birthplace, State of New York
8. Full Name of Father, Thompson Cain
9. Father's Occupation, Stone Mason
10. Father's Birthplace, State of Maine.

Name of Medical Attendant, or other person who makes this Return, J B Mullikin MD
952 Frederick Ave E.H.

Address,

Remarks, 893000181 1

REGISTER OF SUCH BIRTH, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 16849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 20 1893
4. *Place of Birth, (Street and Number)*	1916 Etting Street
5. *Full Name of Mother,*	Mary L. Sims
6. *Mother's Maiden Name,*	Mary L. Gibbs
7. *Mother's Birthplace,*	Prince George Co Virginia
8. *Full Name of Father,*	Caroline & Sims
9. *Father's Occupation*	Laboring
10. *Father's Birthplace,*	Prince Geo Co. Va.
Name of Medical Attendant, or other person who makes this Return,	Mrs Sarah E Dent
Address,	2206 Etting Street
Remarks,	893U001812

Wm. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

46850

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	6
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	March 22 1893
4. *Place of Birth.* (*Street and Number*)	1029 Madeira Alley
5. *Full Name of Mother.*	Geddie Garlach
6. *Mother's Maiden Name.*	Geddie East
7. *Mother's Birthplace.*	Balto.
8. *Full Name of Father.*	Louis Wallace
9. *Father's Occupation.*	Butcher
10. *Father's Birthplace.*	Balto.
Name of Medical Attendant. or other person who makes this Return.	G. A. Butt
Address.	1243 E Monument St
Remarks.	Alle Well 3 0 0 0 1 8 1 3

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practiconer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 46857.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March 22. 1893
4. *Place of Birth, (Street and Number)* 1709 Ellin a Street
5. *Full Name of Mother,* Rebecca Jane Ogaskind
6. *Mother's Maiden Name,* Rebecca Jones
7. *Mother's Birthplace,* Charles County, Md
8. *Full Name of Father,* Frank Jackind
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8930001814

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24th 1893
4. Place of Birth, (Street and Number) 1357 Wheatsheaf St.
5. Full Name of Mother, Jennie E. Holland
6. Mother's Maiden Name, " " Smith
7. Mother's Birthplace, Penn. Warwick Calvert Co.
8. Full Name of Father, Hurd S. Holland
9. Father's Occupation, Merchant
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Sarah E. Dot

Address, 2206 Ellerslie St.

Remarks, 1893000 1815

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the commissioner of health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 24 1893
4. *Place of Birth, (Street and Number)*	212 Chester St.
5. *Full Name of Mother,*	Blanch Howe
6. *Mother's Maiden Name,*	Blanch Bane
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Wm Howe
9. *Father's Occupation*	Brick Layer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. A. Bath.
Address,	1205 E. Lexington St.
Remarks,	All right. 9300018116

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 48824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child
1. Sex, (state whether male or female) Little Boy
2. Race or Color, (if not of the white race) Colored male
3. Date of Birth, 1132 of march
4. Place of Birth, (Street and Number) 1332 North Gay St
5. Full Name of Mother, Mrs Fannie Allen Ward
6. Mother's Maiden Name, Mrs Fannie A Skinner
7. Mother's Birthplace, Cecil County Md
8. Full Name of Father, Mr William H Ward
9. Father's Occupation Stone Mason
10. Father's Birthplace, Nelson County Va

Name of Medical Attendant, or other person who makes this Return, Mrs Selestine Cook

Address, 1611 Bentley Street

Remarks, 893000 1817

Wm. J. C. Dulany Co., City Printers and Stationers.

A 4685

x. Male No. of Child of Mother, 6

ace or Color, White

ate, March 31

lace of Birth, 414 Scott St

ull Name of Mother, Julia Burnes

Mother's Maiden Name, " Williams

Mother's Birthplace, Baltimore

ull Name of Father, John Burnes

Father's Occupation, Laborer

Father's Birthplace, Baltimore

Mrs. Mc. Norgay

412 Scott St

8930001818

RETURN OF A BIRTH.

A 4886.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Viola Sloffer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7 1893
4. Place of Birth, (Street and Number) Patterson Ave. 1610
5. Full Name of Mother, Florence M. Sloffer
6. Mother's Maiden Name, Florence M Myers
7. Mother's Birthplace, Kanedegrael Holland
8. Full Name of Father, Emerson F Sloffer
9. Father's Occupation Produce Dealer
10. Father's Birthplace, Alexandria

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary E Shockney

Remarks, 731 Cumberland St

1893 0001819

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of the 9th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, Born March 12th 1893

4. Place of Birth, (Street and Number) Baltimore No 1761 Mulliken St

5. Full Name of Mother, Annie Elizabeth Thomas

6. Mother's Maiden Name, Annie Elizabeth Jefferson

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Stephen Thomas

9. Father's Occupation Musician

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr J Gen[illegible] Anna Brooks

Address, No 1752 Mulliken

Remarks, + 8 9 3 0 0 0 1 8 2 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the been conferred; his sex, color, the full name and occupation of its parents, of a certificate between the first and said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person or parents of such attendance of a physician or midwifery, or of the person or parents of such shall occur without the attendance of a physician or midwife, it shall become the duty, within the period above required, and attendance upon the mother, immediately thereafter, in the manner and within the time prescribed by this section shall be subject to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section shall be subject child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section shall be subject any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 40813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 March 1873
4. Place of Birth, (Street and Number) 727 Cumberland St
5. Full Name of Mother, Mary M George
6. Mother's Maiden Name, " " Foster
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Thomas H. George
9. Father's Occupation Grocery Provisions
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return,

Address, 16 E Mass & Shockney

Remarks, 727 Cumberland St

1893 0001821

...; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 17089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21th 1893
4. Place of Birth, (Street and Number) 423 N. Barre St
5. Full Name of Mother, Thekla Ellenberger Duschl
6. Mother's Maiden Name, "
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Ellenberger
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm Gombel M.D

Address, 128 W. Lee St.

Remarks, 1893U0001822

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said 28th day of each and every month to the practitioner in the form of a certificate between the first and third days without the attendance of a physician or practitioner of midwifery, or should no other person such schedule shall be delivered, duly signed by the practitioner in charge, at the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. child to report as aforesaid, and any such person or persons who shall hereafter fail to comply with the

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 16860.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 21, 1893
4. *Place of Birth, (Street and Number)*	1724 Bond St
5. *Full Name of Mother,*	Mary Brenicke
6. *Mother's Maiden Name,*	Mary Bracke
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Francis Brenick
9. *Father's Occupation*	Tinner
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	H. P. Coale
Address,	213 E North Ave
Remarks,	Doing Well
	1893000 1823

Wm. J. C. Dulany Co., City Printers and Stationers

A 46861.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First 1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 1st 1893
4. Place of Birth, (Street and Number)	799 George St
5. Full Name of Mother,	Virginia Poler
6. Mother's Maiden Name,	Virginia Carel
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John Poler
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs A Mazaingue
Address,	578 Mc Henry St
Remarks,	18930001824

register of such birth, and shall enter the same therein. Every midwife who shall attend upon any woman in labor, shall report to the Commissioner of Health the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the person of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 46867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 3. 1893
4. Place of Birth, (Street and Number) 1139 Little mc Eldry Str
5. Full Name of Mother, Jennie Schaermann
6. Mother's Maiden Name, Europe
7. Mother's Birthplace, Jacob Schaermann
8. Full Name of Father, Tailor
9. Father's Occupation, Europe
10. Father's Birthplace, Mrs Cecilie Bernstein

Name of Medical Attendant, or other person who makes this Return, 122 S. Exeter Str

Address,

Remarks, 1893000 1825

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the name, and occupation of its parents, the date and place of birth, first and been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person upon whom it shall become the duty of the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon birth to the Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

46863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th. 7d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 4. 1893
4. Place of Birth, (Street and Number)	1405 Barclay Ste
5. Full Name of Mother,	Mary Luty
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wilhelm Jefferson Luty
9. Father's Occupation,	
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Cecilie Bernstein
Address,	122 S. Exeter Ste
Remarks,	1893000 1826

Register of such births and shall enter in the same which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 5: 1893
4. Place of Birth, (Street and Number) 1001 Granby Str
5. Full Name of Mother, Mary Kreipel
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Franz Kreipel
9. Father's Occupation, Carpenter
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter Str

Remarks, 1893000 1827

register of such births, and shall enter in the same a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4685.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second 2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 6 11
4. Place of Birth, (Street and Number)	1720 Brunt St
5. Full Name of Mother,	Nella Tegler
6. Mother's Maiden Name,	Nella Karl
7. Mother's Birthplace,	Ballo
8. Full Name of Father,	Herman Tegler
9. Father's Occupation,	Baker
10. Father's Birthplace,	Ballo
Name of Medical Attendant, or other person who makes this Return,	Mrs T Mcaugett
Address,	673 Mt Pleasant
Remarks,	1893 0001826

register of such births, and shall enter in the same, in the order in which they occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 16866.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Forty 4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 8th 1893
4. *Place of Birth, (Street and Number)*	1437 Fremont St
5. *Full Name of Mother,*	Olga Nagel
6. *Mother's Maiden Name,*	Olga Young
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Christian Nagel
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Ira H Meinzell
Address,	643 W Mt Meadow St
Remarks,	1893 0001629

The Commissioner of Health will furnish to the Physician, Midwife or other person who shall report a birth, a blank schedule, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14867

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 11. 1893
4. Place of Birth, (Street and Number) 13 S. Exeter Ste
5. Full Name of Mother, Julie Sagewitz
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Abel Sagewitz
9. Father's Occupation, carpenter
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cäcilie Bernstein

Address, 122 S. Exeter Ste

Remarks, 1893000 1830

Register of each Physician or Midwife of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

FILM 6900

CERTIFICATE AMENDED
10-27-76

RETURN OF A BIRTH. A 46868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: RICHARD H LYNCH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd -
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 11th 1893
4. Place of Birth, (Street and Number)	# 1111 E. Pratt St
5. Full Name of Mother,	Sarah Parsons Lynch
6. Mother's Maiden Name,	Sarah Parsons
7. Mother's Birthplace,	Baltimore, Md.
8. Full Name of Father,	John D. Lynch
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore, Md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D.
Address,	S. W. Cor. Calvert & Preston Sts
Remarks,	18930001831

The Mother, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, the register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46869

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12th 1893
4. Place of Birth, (Street and Number) 1300 Fulton Ave
5. Full Name of Mother, Annie Knabe
6. Mother's Maiden Name, Annie Flack
7. Mother's Birthplace, Balto
8. Full Name of Father, Conrad Knabe
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm A Mountcastle
Address, 643 Mt Meadow Ave
Remarks, + 8 9 3 0 0 0 1 8 3 2

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46870

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 19. 1893
4. Place of Birth, (Street and Number) 1215 Mc Elderry St
5. Full Name of Mother, Jennie Lichtenstein
6. Mother's Maiden Name, Europe
7. Mother's Birthplace, Louis Lichtenstein
8. Full Name of Father, Tailor
9. Father's Occupation, Europe
10. Father's Birthplace, Mrs Cecilie Bernstein

Name of Medical Attendant, or other person who makes this Return, 122 S. Exeter str

Address,

Remarks, 1893000 1833

register of such births. The [illegible] births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be immediately thereafter it shall become the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 46871.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 15th 1893
4. *Place of Birth, (Street and Number)*	3y E. Henrietta St
5. *Full Name of Mother,*	Lida E. Speddeu
6. *Mother's Maiden Name,*	Auld
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Thos J. F. Speddeu
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Dorchester Co. Md.
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover St cor Bara
Remarks,	1893 0001834

Every person who shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the computation of time within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

THE J. D. BULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48972

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth [illegible]
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 18 "
4. *Place of Birth, (Street and Number)*	1128 Calhoun St
5. *Full Name of Mother,*	Estelle Sibby
6. *Mother's Maiden Name,*	Estelle Wright
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Sibby
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs A Meengotti
Address,	543 McMechen St
Remarks,	1893 0001835

register of such births. The [illegible] shall contain a list of the births which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 4873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 16th 1893
4. Place of Birth (Street and Number),	N.E. Cor Mulberry & Poppleton St
5. Full Name of Mother,	Betty Wood
6. Mother's Maiden Name,	Betty Standiford
7. Mother's Birthplace,	Balto County Md
8. Full Name of Father,	Hulson E Wood
9. Father's Occupation,	Merchant & Dairyman
10. Father's Birthplace,	Balto County Md
Name of Medical Attendant, or other person who makes this Return.	James Billingslea
Address,	15 West Saratoga St
Remarks,	

1893000183 5

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

A 4687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. March 17 — 1893
4. Place of Birth, (Street and Number) 164 E Lombard St.
5. Full Name of Mother, Kate Belz
6. Mother's Maiden Name, Paul
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Belz
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 427 E. Oak St.

Remarks, 8 9 3 0 0 0 1 8 3 7

register of such birth, and shall enter the same on their books, which shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births certified, the full name of each child, if any, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred; its sex, color, duly signed by the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, with to the office of the Commissioner of Midwifery, or should no other parents of such third day of each and every month of a physician or practitioner become the duty of the person or required, and shall occur without the attendance immediately thereafter it shall be in the manner and within the period above shall be in attendance upon the mother, Commissioner of Health, in the manner with the provisions of this section shall be child to report its birth to the Commissioner hereafter fail to comply any such person or persons who shall jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 18th 1893
4. *Place of Birth, (Street and Number)*	543 Mc Henry St
5. *Full Name of Mother,*	Annie Coleman
6. *Mother's Maiden Name,*	Annie Meanzell
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	James Coleman
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Myra A Meanzell
Address,	543 Mc Henry St
Remarks,	1893 0001838

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5'd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 20. 1895
4. Place of Birth, (Street and Number) 509 Druid hill Ave.
5. Full Name of Mother, Rebecca Goodman
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Simon Goodman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter St.

Remarks, 1893000 1839

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d one living

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21. 1893
4. Place of Birth, (Street and Number) 2833 Ceder avenue Balt City
5. Full Name of Mother, Edith taylor
6. Mother's Maiden Name, Kelly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robart R taylor
9. Father's Occupation, Laborer
10. Father's Birthplace, Carroll Co

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Martin

Address, 2804 Ceder avenue

Remarks, 1893000 1840

Baltimore under whose charge or superintendence a birth shall occur, or who shall take charge of any child found exposed, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child at the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately on the delivery, or should no other parents of such child to report its birth to the Commissioner shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 46878.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd March 1893
4. Place of Birth, (Street and Number) 114 Harrison St.
5. Full Name of Mother, Isaac Mogelefsky
6. Mother's Maiden Name, Woinaker
7. Mother's Birthplace, Russia
8. Full Name of Father, Jake Mogelefsky
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, D. Sherman

Address, 40 Albemarle St.

Remarks, 1893 0001841

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the full name of each child, if any shall have been conferred; its sex, color,

A 46879

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 22 1893
4. Place of Birth, (Street and Number) 232 S. Eden Str
5. Full Name of Mother, Annie Shroff
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father, Peter Shroff
9. Father's Occupation, Laborer
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein
122 S. Exeter Str

Address,

Remarks, 1893 0001842

register of such birth, and shall enter the same in a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the other person to in said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14881.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 March 1893
4. *Place of Birth, (Street and Number)* 1259 Riverside ave
5. *Full Name of Mother,* Mary Elizabeth Snyder
6. *Mother's Maiden Name,* Mary Elizabeth Grant
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Frederick H Snyder
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, C L Snyder

Address, 1525 Light St

Remarks, 8930004843

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 46882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 te Kind
1. *Sex, (state whether male or female)*	Mädchen
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	24 März
4. *Place of Birth, (Street and Number)*	110 Essex Street
5. *Full Name of Mother,*	Kate Farber
6. *Mother's Maiden Name,*	Cierpial
7. *Mother's Birthplace,*	Europa
8. *Full Name of Father,*	Moses Farber
9. *Father's Occupation*	Schneider
10. *Father's Birthplace,*	Europa
Name of Medical Attendant, or other person who makes this Return.	Lina Flöndler
Address,	1115 E. Pratt Str.
Remarks,	

+ 8930001844

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4883.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 March 1893
4. Place of Birth, (Street and Number) 2027 Wilson Ave
5. Full Name of Mother, Sarah Lizzie Welch
6. Mother's Maiden Name, Sarah Lizzie Simmons
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Welch
9. Father's Occupation, Carter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. C. A. Brooks

Address, 1828 Light St

Remarks,

1893 0001845

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 46884

GIVEN NAME ADDED 6.2557

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name: Lida Satterfield	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26th 1893
4. Place of Birth (Street and Number)	721 N. Hopkins Ave.
5. Full Name of Mother	Jennie Amelia Satterfield,
6. Mother's Maiden Name	Jennie Amelia Ashby,
7. Mother's Birthplace	Washington,
8. Full Name of Father	John Frederick Satterfield
9. Father's Occupation	Car Conductor
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas. B. Lyon M.D.
Address	920 N. Broadway
Remarks	

8930001846

RETURN OF A BIRTH. A 46885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) William Christian Reid White
2. Race or Color, (if not of the white race) W. [illegible]
3. Date of Birth. March 26 1925
4. Place of Birth, (Street and Number) 1531 Hanover St
5. Full Name of Mother, Dollie Reid
6. Mother's Maiden Name, Dollie Harling
7. Mother's Birthplace, Wythe Va
8. Full Name of Father, Lyndall Reid
9. Father's Occupation Hardware
10. Father's Birthplace, Tazewell Co Va

Name of Medical Attendant, or other person who makes this Return, H E A Brady

Address, 1523 Light St

Remarks, Full name added by mother. Dollie C Reid 3 0 0 0 1 8 4 7

Mother S.F. Wehn - October 9-1934

Wm. C. Dulany Co. City Printers and Stationers.

GIVEN NAME ADDED 8-24-52

RETURN OF A BIRTH. A 46880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Regina Mary Benzinger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26th 1893
4. Place of Birth, (Street and Number) Liberty St Waverly (no number)
5. Full Name of Mother, Mary C. Benzinger
6. Mother's Maiden Name, " " McKenna
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. Eisler Benzinger
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, Waverly Station City

Remarks,

1893000 1848

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth so far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CITY NAME ADDED 2-10-55

A 4887

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Virginia ~~Devilbiss~~ Devilbiss

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Single

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) 27 March 1893

3. Date of Birth, 1600 Light St

4. Place of Birth, (Street and Number) Lizzie Devilbiss

5. Full Name of Mother, Lizzie Falk

6. Mother's Maiden Name, Md Co Md

7. Mother's Birthplace, James H Devilbiss

8. Full Name of Father, Laborer

9. Father's Occupation Virginia

10. Father's Birthplace, C A Lynch

Name of Medical Attendant, or other person who makes this Return, 1625 Light St

Address, Drug

Remarks, 1893 0001849

Wm. C. Dulany Co., City Printers and Stationers

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 46888

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 & 4th Twins

1. Sex, (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 28th 1893
4. Place of Birth, (Street and Number) #620 Jefferson Ave Annex
5. Full Name of Mother, May Jones
6. Mother's Maiden Name, " McCreary
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Darlington H Jones
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Harford Co md

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D

Address, Waverly Station City

Remarks,

1893000 1850

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 46889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 28th. 1893
4. *Place of Birth, (Street and Number)*	S.W. Cor. Homewood ave. & Hoffman St.
5. *Full Name of Mother,*	Mary Lohfink
6. *Mother's Maiden Name,*	Mary Learned
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John Lohfink
9. *Father's Occupation,*	Stationary Engineer
10. *Father's Birthplace,*	Balt. Md
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D.
Address,	S.W. Cor. Calvert & Preston Sts.
Remarks,	

8 9 3 0 0 8 1 8 5 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	27th March 1873
4. Place of Birth, (Street and Number)	2020 Wilson Line
5. Full Name of Mother,	Mary Gley
6. Mother's Maiden Name,	Mary Lee
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Samuel Gley
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return.	C A Brooks
Address,	1525 Light St
Remarks,	Dang Well

1893000 1852

Wm J C. Dulany Co., City Printers and Stationers.

A-46891

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 March 1893
4. *Place of Birth, (Street and Number)* 1204 E Lanvale St.
5. *Full Name of Mother,* Bessie Friedman
6. *Mother's Maiden Name,* Lurie
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hasnis Friedman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Schesnavan

Address, 42 Allan-ale Dr

Remarks,

1893000 1853

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the full name of each child. If any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person so required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 48807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* March 30. 1893
4. *Place of Birth, (Street and Number)* 504 Ann St.
5. *Full Name of Mother,* Tena Cahill
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Cahill
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilia Bernstein

Address, 122 S. Exeter St.

Remarks,

1893 0001854

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31st 1893
4. Place of Birth, (Street and Number) 1415 Hartford Ave
5. Full Name of Mother, Minnie Wooden
6. Mother's Maiden Name, Minnie Lange
7. Mother's Birthplace, Germany
8. Full Name of Father, William H Wooden
9. Father's Occupation Plasterer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Chas Wooden

Address, 983 Greenmount Ave.

Remarks,

893 U 00 1855

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 11894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 6. 93
4. *Place of Birth, (Street and Number)*	1403 Holbrook St.
5. *Full Name of Mother,*	Frances Clara Reese
6. *Mother's Maiden Name,*	" Heinemann
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Chas. J. Reese
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Bavaria
Name of Medical Attendant, or other person who makes this Return.	Edw. A. Hartman M.D.
Address,	1121 N. Carlton St.
Remarks,	

1893 0001856

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. C. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 6. 93
4. *Place of Birth, (Street and Number)*	Annie Zorkle " Haney
5. *Full Name of Mother,*	122 N. Fulton Ave.
6. *Mother's Maiden Name,*	Bath. Md.
7. *Mother's Birthplace,*	Chas. C. Zorkle
8. *Full Name of Father,*	Book-Keeper
9. *Father's Occupation,*	Bath. Md.
10. *Father's Birthplace,*	Geo. A. Hartman M.D.
Name of Medical Attendant, or other person who makes this Return.	1121 N. Carolina St.
Address,	
Remarks,	8930001857

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	111 S. Washington St.
4. *Place of Birth, (Street and Number)*	March 5 '93
5. *Full Name of Mother,*	Fannie E. Ely
6. *Mother's Maiden Name,*	Finch
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Alyssus G. Ely
9. *Father's Occupation,*	Captain of Boat
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1121 N. Carolina St.
Remarks,	1893000 1858

I register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of all the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 46897.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March. 21. 93
4. *Place of Birth, (Street and Number)*	1612 N. Gay St.
5. *Full Name of Mother,*	Wilhelmina Bode
6. *Mother's Maiden Name,*	Hagn
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	William Bode
9. *Father's Occupation,*	Dealer in proprietary horse medicines
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1121 N. Carlin St.
Remarks,	

1893000 1859

The Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the parents, the date and place of birth; and the been conferred) the sex, color, the full name and occupation of its parents, the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GALANT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gladys Henrietta Clements

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~936 W. Fayette St~~ March 23 1893
4. Place of Birth, (Street and Number) 936 W. Fayette St
5. Full Name of Mother, Carrie Clement
6. Mother's Maiden Name, Hunt
7. Mother's Birthplace, York Penna
8. Full Name of Father, Clarence Clement
9. Father's Occupation Clerk
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Dr. Ocutt M.D.

Address, 211 W. Franklin St

Remarks, ENTERED INDEX APPLI 5-12-53 L M.

1893 0001000

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44899.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Child
3. *Date of Birth,*	Mon. 24. 93
4. *Place of Birth, (Street and Number)*	921 N. Arlington Ave.
5. *Full Name of Mother,*	Annie M. Nelson
6. *Mother's Maiden Name,*	" Thomas
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Robert M. Nelson
9. *Father's Occupation,*	Traveling Salesman
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

1893000 1861

Register of said births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-47228

1. **PLACE OF BIRTH:** Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 509 S. Hanover Street
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. **USUAL RESIDENCE OF MOTHER:**
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 509 S. Hanover Street
(If rural give location)

3. Full name of child Anna Pauline Richardson

4. Date of birth April 24, 1893
(Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number weeks of pregnancy .....

8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name William Richardson
10. Color or race White 11. Age at time of this birth 45 yrs.
12. Birthplace Northhampton Co., Va.
(City, town, or county) (State or foreign country)
13. Usual occupation Retired Sgt., U.S. Army
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Mary E. O'Conner
16. Color or race White 17. Age at time of this birth 20 yrs.
18. Birthplace Baltimore, Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation Dressmaker
20. Industry or business .....

21. **Other children** born to mother (not including present child):
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 2
(c) How many children were born dead? None

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... , related to this child as .....

(Signed) ..... M. D.
Physician (or midwife) who attended this birth (Midwife)
or Robert E. Farber, M.D.
Commissioner of Health and Registrar

24. Date rec'd by local registrar ..... 19.....

25. Signed ..... Registrar

26. Given name added ..... by Registrar per .....

Address ..... Date

1893 00 01862

VS 100

Duplicate

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

Registered No. 47631

(1) PLACE OF BIRTH
CITY OF BALTIMORE (No. 867 Harlem Ave St. ; Ward)

(2 FULL NAME OF CHILD Clinton M. Rider

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	May 5 — 1893

FATHER

(8) FULL NAME Wm B. Rider

(9) RESIDENCE 867 Harlem Ave.

(10) COLOR White — (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Balto Co.

(13) OCCUPATION Physician

MOTHER

(14) FULL MAIDEN NAME Kate A. Bahrman

(15) RESIDENCE 867 Harlem Ave.

(16) COLOR White — (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Balto —

(19) OCCUPATION Home Maker

(20) Number of children born to this mother, including present birth 4

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN

(When there was no attending physician or midwife then the father, householder, etc., should make this return.)

(22) I hereby certify that I attended the birth of this child, who was born alive — at — m. on the date above stated. (Born alive or stillborn)

(A stillbirth requires a birth certificate and a death certificate which should be pinned together. A stillborn child is one that does not breathe after birth.)

(24) Given name added from a supplemental report. •

(23) Wm B. Rider
Signature of Physician

AUG 18 1930

8 9 3 0 0 0

Address 867 Harlem Ave.

Registrar

(Over)

and the number of each, in order of birth, stated

47985
46900
465

RETURN

To the Office of Registrar of Vi

No. of Child of Mother, (state whether 1st
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white rac
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mothe
6. Mother's Maiden
7. Mother's Birthpla
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,
Name of Medical Attendant, or
Address,
Remarks,

8 9 3 0 0 0 7

OF A BIRTH A 47900

tal Statistics, Board of Health, Baltimore City.

2d, 3d, &c.) First
Male
White
gave the first
7 Saratoga St.
Catharine Traverse
Catharine Traverse
Mary
Mary Baasler
Jos. Laborer
Md.
C. J.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A BIRTH. A 47980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st 2d, 3d, &c)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race*	White
3. *Date of Birth,*	June the first
4. *Place of Birth, (Street and Number)*	507 Saratoga St. Res
5. *Full Name of Mother*	Mary Catharine Traverse
6. *Mother's Maiden Name*	Mary Catharine Traverse
7. *Mother's Birthplace*	Towns[illegible] Delaware
8. *Full Name of Father,*	Edward Beasten Meadtree
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	[illegible] Maryland
Name of Medical Attendant, or other person makes this R	[illegible] C. Jones
Address,	507 Hanover
Remarks,	

8 9 3 0 0

This schedule shall [illegible] the same on a blank which shall be furnished by the Registrar [illegible] a list of the births which have occurred [illegible] and shall set forth as far as the same can be ascertained the full name of each child born [illegible] sex, color, the full name and occupation of its parents, the date and place of birth [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] shall cause without the attendance of a physician or practitioner at delivery, [illegible] upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every person of persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4787.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 1. 1893
4. Place of Birth, (Street and Number)	1616 N. Broadway
5. Full Name of Mother,	Johanna Noll
6. Mother's Maiden Name,	Hauser
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	William Noll
9. Father's Occupation	Merchant Tailor
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Hartman M.D.
Address,	1121 N. Carolina St.
Remarks,	

8930001865

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

4988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, ~~608~~ Piece St June 1st 1893
4. Place of Birth, (Street and Number) 608 Piece St
5. Full Name of Mother, Estell Smith Williams
6. Mother's Maiden Name, " "
7. Mother's Birthplace, St. Mary's Co.,
8. Full Name of Father, Randolph Smith
9. Father's Occupation, Porter
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park ave

Remarks, 8930001866

...by the Commissioner of ... contain a list of the births which have occurred under his or her care during the ... as far as the same can be ascertained the full name of each child, (if any shall have ... month, and shall set forth as the full name and occupation of its parents, the date and place of birth; and the ... been conferred) its sex, color, the ... said schedule shall be delivered, duly signed by the practitioner in the form of ... In case the birth of any child ... third day of each and every month to the office of the Commissioner of Health, or should no other person be in ... shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such ... attendance upon the mother, immediately thereafter it shall become the duty of the person required, and ... child to report in birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 47984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* colored
3. *Date of Birth,* June 12th
4. *Place of Birth, (Street and Number)* Richard st 552
5. *Full Name of Mother,* Rosa A Meade
6. *Mother's Maiden Name,* Rosa A Hall
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James H Meade
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 552 East Cobble st

Remarks, 18930001867

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. A. S. BALLANY & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 47940.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11th June 1893
4. *Place of Birth, (Street and Number)*	Gunther Ave & 15th
5. *Full Name of Mother,*	Mary Braun
6. *Mother's Maiden Name,*	Mergenthaler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Julius Braun
9. *Father's Occupation*	Moulder
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffer
Address,	Fort Ave & 17th
Remarks,	8930001868

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	June 1 21
4. *Place of Birth, (Street and Number)*	1121 Columbia Ave
5. *Full Name of Mother,*	Rose Griffin
6. *Mother's Maiden Name,*	" Knight
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	William Griffin
9. *Father's Occupation*	Cooper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs M Horrigan
Address,	112 Scott St
Remarks,	1893000 1869

The Physician shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name and occupation of its parents, the date and place of birth; and the name conferred; its sex, color, the full name and the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the Commissioner of Health. In case the other person be in third day of each and every month to the office of practioner of midwifery, or should no other prints of such shall occur without the attendance of a physician or it shall become the duty of the person or parents required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 47497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (~~State whether~~ male ~~or female.~~)
2. Race or color, (~~If not of the~~ white race)
3. Date of Birth, June 1/93
4. Place of Birth, (Street and Number) 1217 E North Ave
5. Full Name of Mother, Cordelia Mildred
6. Mother's Maiden Name, " " Berry.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Saml Thos. Bull.
9. Father's Occupation, Cattle Dealer
10. Father's Birthplace, Newark N.J.

Name of Medical Attendant, or other person who makes this Return. Dr. Stockett

Address, 1502 Eutaw

Remarks, Dr. Stockett Spontaneous rupture of placenta

from Abdomen immediately after birth of child

693 000 1870

693 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. No. 47993.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 2nd
4. Place of Birth, (Street and Number)	557 Dover St
5. Full Name of Mother,	Dora Long
6. Mother's Maiden Name,	Dora Wayne
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Gotlieb Long
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Hedwig Olinda Klipfer
Address,	64 So Paca St
Remarks,	8930001877

The Physician or other person required to report the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 47944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 2nd
4. Place of Birth, (Street and Number)	#1485 Mosher st.
5. Full Name of Mother,	Georgie Adams Brown
6. Mother's Maiden Name,	Georgie Adams Neal.
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Evans Linwall Brown.
9. Father's Occupation,	Carpenter.
10. Father's Birthplace,	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	F. C. Link M.D.
Address,	1304 Riggs Ave.
Remarks,	

8930001872

Wm. J. C. Dulany Co., City Blankets and Stationers.

RETURN OF A BIRTH.

E 4995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2nd
4. Place of Birth, (Street and Number) 2226 E Lombard St
5. Full Name of Mother, Lonnie Banks
6. Mother's Maiden Name, Mahoney
7. Mother's Birthplace, Balt City Md
8. Full Name of Father, Benjamin A Banks
9. Father's Occupation, Back Engineer
10. Father's Birthplace, Balt City Md

Name of Medical Attendant, or other person who makes this Return, M A Donoghue

Address, 2024 E Pratt St

Remarks, Doing Well

8930001873

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

47496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourteenth (14th)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2, 1893
4. Place of Birth, (Street and Number) 1330 N. Bond st.
5. Full Name of Mother, Julia A. Callies
6. Mother's Maiden Name, Julia A. Hallyer
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Wm. F. Callies
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Agnes L. Gag M.D.

Address, #803 North Broadway

Remarks, Blue baby

8 9 3 0 0 0 1 8 7 4

...s Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 47997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report it as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) Color.
3. Date of Birth, June 3. 1893.
4. Place of Birth, (Street and Number) Baltimore Md. Bayard St.
5. Full Name of Mother, Martha Randall.
6. Mother's Maiden Name, Martha Hill.
7. Mother's Birthplace, Montgomery Co Md.
8. Full Name of Father, Ernest Randall.
9. Father's Occupation, Steve re
10. Father's Birthplace, Eastville Va.

Name of Medical Attendant, or other person who makes this Return. Laurence Mills

Address, 1428 Carroll St Baltimore

Remarks, Laurence Mills

1893000 1875

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 1-47998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third -
1. *Sex, (state whether male or female)*	Male -
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 3. 1893.
4. *Place of Birth, (Street and Number)*	415 N. Poppleton st.
5. *Full Name of Mother,*	Blanch E. Lynch -
6. *Mother's Maiden Name,*	Blanch E. Kirk -
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Thomas H. Lynch -
9. *Father's Occupation*	Boiler Maker -
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Holbrook, M. D.
Address,	714 N. Carey st.
Remarks,	

8 9 3 0 0 0 1 8 7 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 47999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent hereof, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Nov 5 '93
4. Place of Birth, (Street and Number) 325 Robert St
5. Full Name of Mother, Mary Decker
6. Mother's Maiden Name, " McGee
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Decker
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Wm C. H. Wagner

Address, 412 South St

Remarks, 8930001877

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 48000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	
1. *Sex, (state whether male or female)*	Fem Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 4 th
4. *Place of Birth, (Street and Number)*	530. Roland, Avenue Hampden
5. *Full Name of Mother,*	Alice V Oliver
6. *Mother's Maiden Name,*	Alice V Lewis.
7. *Mother's Birthplace,*	Balto, Md
8. *Full Name of Father,*	J. F Oliver
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Washington D. C.
Name of Medical Attendant, or other person who make this Return	J. S. Bowers
Address,	1417 Washington Balto, Md
Remarks,	

1893U001878

Month, and shall set forth as far as the same can be ascertained the full name of each child, of any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 45001.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9 th June 1893
4. *Place of Birth, (Street and Number)*	Gorsuch St. No. 105.
5. *Full Name of Mother,*	Wilhelmina Braunschweiger
6. *Mother's Maiden Name,*	" Rauch
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert Braunschweiger
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaffer
Address,	Fort Ave & 16 1765.
Remarks,	8930001879

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 14802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Mall
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 4 1893
4. Place of Birth, (Street and Number) 2, 393. Dallas. St.
5. Full Name of Mother, Mary Elizebith Smith
6. Mother's Maiden Name, Mary Elizebith Smith
7. Mother's Birthplace, Maryland
8. Full Name of Father, Chas Delahe
9. Father's Occupation, Not Known
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. W. Clyde Burns. MD.

Address, 1126 E. Fayette St.

Remarks,

1893000010000

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

The schedule shall contain a list of the births which have occurred under his or her care during the month, inferred) its sex, color, the full name and the practitioner in the form of a certificate the birth of any child been omitted shall be delivered, duly signed by the Commissioner of Health. In case no other person be in said schedule each and every month to the office of practitioner of midwifery, or should no other person or parents of such third day of the attendance of a physician or it shall become the duty of the person required, and shall occur without the mother, immediately thereafter, in the manner and within the period above required, and attendance upon the birth to the Commissioner of Health, in the manner and within the provisions of this section shall be such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

1480 53.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been confirmed its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 1893
4. Place of Birth, (Street and Number) 921 N. Eden st.
5. Full Name of Mother, Mary E. Paulus
6. Mother's Maiden Name, " " Dunler
7. Mother's Birthplace, York Pa.
8. Full Name of Father, John J. Paulus
9. Father's Occupation, Book binder
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. E. B. Fenby, M. D.

Address, 1219 N. Carolina st.

Remarks,

8930001881

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A-45004.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5 1893
4. *Place of Birth, (Street and Number)* 1641 Hanover St
5. *Full Name of Mother,* Ella Groscup
6. *Mother's Maiden Name,* Ella Hook
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* John F Groscup
9. *Father's Occupation,* Glass Packer
10. *Father's Birthplace,* Baltimore City md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hinton

Address, 1422 Hanover St

Remarks,

1 8 9 3 0 0 0 1 8 8 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 45005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color; (if not of the white race)	Black
3. Date of Birth,	June 5. 93.
4. Place of Birth, (Street and Number)	224 N. Mount ford ave
5. Full Name of Mother,	Marie Robinson
6. Mother's Maiden Name,	" Branch.
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	John Robinson
9. Father's Occupation,	Brick Maker.
10. Father's Birthplace,	West Virginia
Name of Medical Attendant, or other person who makes this Return.	Mr. H. Dickel M. D.
Address,	312 Ashland ave
Remarks,	

8 9 3 0 0 0 1 8 8 3

Wm J C. Dulany Co., City Printers and Stationers.

Month, she shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, A. 45006.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 5th June
4. *Place of Birth, (Street and Number)* 1515 Eutaw St
5. *Full Name of Mother* Wilhelmina
6. *Mother's Maiden Name* Abelt
7. *Mother's Birthplace* Dorchester County Md
8. *Full Name of Father* John Bartlett Thomas
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1893 0001884

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

A 48007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6th day of January 1893.
4. *Place of Birth, (Street and Number)*	405 West Lee
5. *Full Name of Mother,*	Maggie M. Handley
6. *Mother's Maiden Name,*	Maggie M. Smith
7. *Mother's Birthplace,*	City of Baltimore.
8. *Full Name of Father,*	Augustus E. Handley
9. *Father's Occupation*	Mortgage Clerking East.
10. *Father's Birthplace,*	City of Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Jason Hinton
Address,	23 N. Exeter St
Remarks,	18930001885

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 148008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 6th 93
4. *Place of Birth, (Street and Number)*	846 N. Howard St.
5. *Full Name of Mother,*	Clementina Craig
6. *Mother's Maiden Name,*	" Barton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	G. W. Hume Craig
9. *Father's Occupation,*	Lawyer
10. *Father's Birthplace,*	Cecil Co Md.
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St.
Remarks,	

8930001886

Every Physician, Midwife or other person who shall attend upon any birth, shall, within ten days after such birth, make a return thereof to the Commissioner of Health, which return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 48004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 6th 1893
4. *Place of Birth, (Street and Number)*	# 1919 Frederick Ave
5. *Full Name of Mother,*	Mrs Minnie Brown
6. *Mother's Maiden Name,*	Miss Kostowski
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Frank Brown
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Miller
Address,	2127 N. Pratt St
Remarks,	

8930001887

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 148010

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth one
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 6th 1893
4. *Place of Birth, (Street and Number)*	#797 W. Mulberry St
5. *Full Name of Mother,*	Paulena Uhrig
6. *Mother's Maiden Name,*	Eberhardt
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George J. Uhrig
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace,*	Baltimore, Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Hunter
Address,	23 N Poppleton St
Remarks,	1893000 1888

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 14801.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	Second
1. *Sex,* (*State whether male or female*)	male
2. *Race or color,* (*if not of the white race*)	White
3. *Date of Birth,*	June 6th 1893
4. *Place of Birth,* (*Street and Number*)	Chestnut Ave 145
5. *Full Name of Mother,*	Florance V Frank
6. *Mother's Maiden Name,*	Florance V ginneman
7. *Mother's Birthplace,*	Baltimore Co Md
8. *Full Name of Father,*	William W Frank
9. *Father's Occupation,*	occupation Motorman
10. *Father's Birthplace,*	Baltimore county Md
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Ginneman
Address,	Hampden Baltimore city md
Remarks,	8930001889

... shall receive and register the births and deaths ... the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable ...

... J. D. ... & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 148012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 1893
4. Place of Birth, (Street and Number) 42 N. Wolfe St.
5. Full Name of Mother, Wilhelmina Mueller
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Mueller
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. L. Pritchett

Address, 416 S. Ann St.

Remarks,

8930001890

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The Return should contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-27-57

A 48013.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Mc Cauley~~ Child

Helen Elizabeth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1893-7th June

4. Place of Birth, (Street and Number) 404 Pine Street Balto Md

5. Full Name of Mother, Elizabeth Mc Cauley

6. Mother's Maiden Name, Elizabeth Dougherty

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Edwin Daniel Mc Cauley

9. Father's Occupation upholsterer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 d Poppleton Street

Remarks, 1893000 1891

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

GIVEN NAME ADDED 12-16-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hester Billups

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, Born June 7th 1893

4. Place of Birth, (Street and Number) Baltimore South Dallas St No 120

5. Full Name of Mother, Caroline Elizabeth Billups

6. Mother's Maiden Name, Caroline Elizabeth Cooper

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Phillip Billups

9. Father's Occupation Stevedore

10. Father's Birthplace, Matthew County Va.

Name of Medical Attendant, or other person who makes this Return, Dr George Stone Brook

Address, No 1752 Mulliken Ave

Remarks,

8930001892

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 4501C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th June 1893
4. *Place of Birth, (Street and Number)*	Fort Mc H
5. *Full Name of Mother,*	Maria Peterson
6. *Mother's Maiden Name,*	Maria Dorn
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Solyn
9. *Father's Occupation*	William Peterson
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffer
Address,	Fort Ave N. 1708.
Remarks,	

1893000 1893

Wm. J. C. Dulany Co., City Printers and Stationers

The same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person do so, the mother, immediately thereafter if able, in the manner and within the period above required, and attendance upon the mother, the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 1805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 1893
4. Place of Birth, (Street and Number) 1312. Patapsco . St
5. Full Name of Mother, Ellennora Overton
6. Mother's Maiden Name, Ellennora Byus
7. Mother's Birthplace, Baltimore . md
8. Full Name of Father, George . J. Overton
9. Father's Occupation, Machinice
10. Father's Birthplace, Fredrick . md

Name of Medical Attendant, or other person who makes this Return, Ellennora . a. anderson

Address, 1434 Patapsco . St

Remarks,

8930001894

The Registrar of Vital Statistics shall keep a record of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 45016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~State whether~~ male ~~or female~~)
2. Race or color, (~~if not of the white race~~)
3. Date of Birth, June 7/93
4. Place of Birth, (Street and Number) 1918 Ginty St
5. Full Name of Mother, Jennie M Hopkins
6. Mother's Maiden Name, E " Canfield
7. Mother's Birthplace, England
8. Full Name of Father, Edw L Hopkins
9. Father's Occupation, Carpenter
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. Dr Boyd

Address, 1502 N Bond

Remarks,

1 8 9 3 0 0 0 1 8 9 5

month, and shall set forth so far as the same can be ascertained the full name of each child, if any, that have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 8
4. *Place of Birth, (Street and Number)*	412 Hanover St
5. *Full Name of Mother,*	Annie Turley
6. *Mother's Maiden Name,*	Williams
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm Turley
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	H W Bloede
Address,	408 Hanover St
Remarks,	

1893 0001896

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48018

GIVEN NAME ADDED 7-31-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Anna Heffner

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, June 8th 1892
4. Place of Birth, (Street and Number) 2022 Maryland Ave
5. Full Name of Mother, Anna Heffner
6. Mother's Maiden Name, Beck
7. Mother's Birthplace, Germany
8. Full Name of Father, George Heffner
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs G Ivers

Address, 1907 Thorounton Ave

Remarks,

8930001897

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 48019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, Born June 9th 1893

4. Place of Birth, (Street and Number) Baltimore St Durham St 1216

5. Full Name of Mother, Sarah L Stevenson

6. Mother's Maiden Name, Sarah L Stevens

7. Mother's Birthplace, North Point

8. Full Name of Father, Frank Davey

9. Father's Occupation Laborer

10. Father's Birthplace, Ellicott City

Name of Medical Attendant, or other person who makes this Return, Dr George Anna Brew

Address, No 1752 Mulliken st

Remarks.

8 9 3 0 0 0 1 8 9 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 48020.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	June 9th 1893. 4 oclk. a m.
4. *Place of Birth, (Street and Number)*	1006 Hopkins avenue
5. *Full Name of Mother.*	Elisabet Schwalm.
6. *Mother's Maiden Name.*	Elisabet Mikle
7. *Mother's Birthplace.*	Baltimore md
8. *Full Name of Father.*	Henry Schwalm.
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace.*	Baltimore md.
Name of Medical Attendant, or other Person who makes this Return	A H Sartton M D
Address,	1136 W Lexington St
Remarks,	Instrumental delivery

8 9 3 0 0 0 1 8 9 9

...ey & Co., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

45077

GIVEN NAME ADDED 11-8-32

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Irene Catherine ~~Lycett~~ Tyrrett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twentieth (20th)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 10 1893
4. Place of Birth, (Street and Number) 147 Fallsway
5. Full Name of Mother, Rebecca Lycett
6. Mother's Maiden Name, Rebecca McNeal
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Michael Lycett
9. Father's Occupation Engineer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr P C Schmidt MD

Address, 1451 Riverside Ave.

Remarks,

8 9 3 0 0 0 1 9 0 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full names and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colerd
3. *Date of Birth,* June 11 1893
4. *Place of Birth, (Street and Number)* welcome Alley 115
5. *Full Name of Mother,* Carry robirson
6. *Mother's Maiden Name,* Carry smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* geroge robison
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jarrah Jane Wilson

Address, 115 west Henry st

Remarks, full 9 months

8930001901

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, A 48073

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 21, 1893
4. *Place of Birth, (Street and Number)* 814 N. Stricker St
5. *Full Name of Mother* Agnes Wilson
6. *Mother's Maiden Name* Agnes Mattison
7. *Mother's Birthplace* Ohio
8. *Full Name of Father* Wm. P. Wilson
9. *Father's Occupation* Farmer
10. *Father's Birthplace* A. A. County, Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Z. K. Wiley M.D.

Address 724 N. Leary St

Remarks

1893 0001902

GIVEN NAME ADDED 9-15-58

RETURN OF A BIRTH, A 480 24

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Peter Frank Schaffner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	June 5th 1892
4. Place of Birth, (Street and Number)	1008 Ridgley
5. Full Name of Mother	Matilda Schaffner
6. Mother's Maiden Name	Matilda Sauerheim
7. Mother's Birthplace	Germany
8. Full Name of Father	Adam Schaffner
9. Father's Occupation	Carpenter & Plasterer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. K. Wiley M.D.
Address	724 N. Leary St
Remarks	

1893000 1903

If the birth is any case, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 48075.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female).*	Female
2. *Race or Color, (if not of the white race).*	White
3. *Date of Birth.*	June 4th 1904
4. *Place of Birth, (Street and Number).*	338 Madison Ave.
5. *Full Name of Mother,*	Wilhelmina Beck
6. *Mother's Maiden Name,*	Wilhelmina Loeser
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Chas Adam Beck
9. *Father's Occupation.*	Baker.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Sarah E Nef
Address,	2206 Elting St
Remarks,	

1893000 1904

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 14826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 June
4. Place of Birth, (Street and Number) Lancaster 1621
5. Full Name of Mother, Victora Kovaleska
6. Mother's Maiden Name, " Rafel
7. Mother's Birthplace, Poland
8. Full Name of Father, Walter Kovaleska
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kudzka

Address, 612 Bond St.

Remarks,

8 9 3 U 0 0 1 9 0 5

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. # 4827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry Weidner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 June
4. Place of Birth, (Street and Number) Warren Court 604
5. Full Name of Mother, Lena (Wagner) Weidner
6. Mother's Maiden Name, " (Chille) Zeller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles (Wagner) Weidner
9. Father's Occupation Retired
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Kudzka

Address, 602 Bond St.

Remarks,

8930001906

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

E 48078.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 5th inst
4. *Place of Birth (Street and Number),* 1007 E Fayette St
5. *Full Name of Mother,* Rosina Fredriksen
6. *Mother's Maiden Name,* Rosina Dano
7. *Mother's Birthplace,* Birmingham England
8. *Full Name of Father,* Capt Ole Fredriksen
9. *Father's Occupation,* Sea Captain
10. *Father's Birthplace,* Sandefjord Norway

Name of Medical Attendant, or other person who makes this Return. Mab E Price

Address, 1630 Ashland ave

Remarks,

C 9 3 8 0 0 0 1 9 0 7

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 48029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th 93.
4. Place of Birth, (Street and Number) 1421 N. Bond st.
5. Full Name of Mother, Hilda Gay Lipp
6. Mother's Maiden Name, Coppage
7. Mother's Birthplace, Queen Anne's Co. Md.
8. Full Name of Father, Charles A. Lipp
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Myers

Address, 1019 N. Caroline st.

Remarks,

8930001908

been conferred); its sex, color, the full name and occupation of its parents, if date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 8-24-57

RETURN OF A BIRTH A 48030

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Ida Ruth Templeman (7th)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh (7th)

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 6th, 1893

4. *Place of Birth, (Street and Number)* 2406 Madison Avenue

5. *Full Name of Mother,* Ida Catherine Templeman

6. *Mother's Maiden Name,* Franck

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Alex. Edwin Templeman

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight

Address, 414 N. Greene St.

Remarks,

1893000 1909

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 148031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6 June
4. *Place of Birth, (Street and Number)*	Bethel St. 602.
5. *Full Name of Mother,*	Rosa Koval
6. *Mother's Maiden Name,*	" Chile
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Stevi Koval
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Krazka
Address,	602 Bond St.
Remarks,	

8930001910

...C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 48037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 11

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 7th 1911
4. Place of Birth, (Street and Number) No 13 Hope St
5. Full Name of Mother, Lena Klein
6. Mother's Maiden Name, Lena Rodenbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Klein
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 893000191 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 7 June

4. Place of Birth, (Street and Number) 1333 Garret Av. 1333.

5. Full Name of Mother, Marie Lesinsk

6. Mother's Maiden Name, Marie Tries.

7. Mother's Birthplace, Germany

8. Full Name of Father, Otto Lesinsk.

9. Father's Occupation, Labaar

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Ferdinand Myman

Address, 1331 Hull St. Locus Point.

Remarks,

1893000 1912

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 7th
4. Place of Birth, (Street and Number)	617 So Fremont St
5. Full Name of Mother,	Mary Hook
6. Mother's Maiden Name,	Mary Weaver
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Julius Hook
9. Father's Occupation,	Huckster
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Hedwig Opfer
Address,	641 Fonda Ave
Remarks,	

8 9 3 0 0 0 1 9 1 3

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A48035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 93.
4. Place of Birth, (Street and Number) 1901 E. Biddle str.
5. Full Name of Mother, Augusta A. Muth
6. Mother's Maiden Name, Augusta A. Philipps
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Muth
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer

Address, 1019 N. Gardiner str.

Remarks,

8 9 3 0 0 0 1 9 1 4

been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 48036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 7th 1893.
4. Place of Birth, (Street and Number) # 505 S. Ellington Ave.
5. Full Name of Mother, Mary Maggie Frendemyer
6. Mother's Maiden Name, " " Pfister.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Jos. Frendemyer
9. Father's Occupation, Labour.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Taylor.

Address, # 615 S. Patterson Park Ave.

Remarks,

8930001915

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address, 40

Remarks,

0 9 3 0 0 0 1 9 1 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and shall occur without the attendance of a physician or practioner of midwifery, in the manner and within the period above required, and attendance upon its birth to the Commissioner of Health to comply with the provisions of this section shall be subject to penalties for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 8th 1893.
4.	*Place of Birth, (Street and Number)*	719½ W. Saratoga St.
5.	*Full Name of Mother,*	Maggie Bayer
6.	*Mother's Maiden Name,*	" Bulges
7.	*Mother's Birthplace,*	City
8.	*Full Name of Father,*	Laurence F. Bayer
9.	*Father's Occupation,*	Tailor
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Wm A. B. Sellman M.D.
	Address,	5. E. Biddle St.
	Remarks,	1893000917

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

The Mother of each child born alive within the City of Baltimore, or her nearest relative present at the birth, or the Physician, Midwife, Nurse or other person in attendance upon the mother, shall report to the Registrar of Vital Statistics, at the office of the Board of Health, the birth of such child, within ten days after the birth occurs, and before the child is removed from the house in which it was born, or before the mother leaves the house in which the birth occurs, and before the burial of the child, if it shall die before the mother leaves the house; and the Physician, Midwife, Nurse or other person in attendance upon the mother, shall report the birth of any child born dead after the fifth month of gestation, and before the burial of such child. The Mother of each child born alive within the City of Baltimore, or her nearest relative present at the birth, or the Physician, Midwife, Nurse or other person in attendance upon the mother, shall report to the Registrar of Vital Statistics, at the office of the Board of Health, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother, as far as the same can be ascertained by the person reporting the birth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother, as far as the same can be ascertained by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A 48639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 8 day of June
4. Place of Birth, (Street and Number) Baltimore Hanover St 221
5. Full Name of Mother, Estella Hurley
6. Mother's Maiden Name, Estella Williams
7. Mother's Birthplace, Calbert Co
8. Full Name of Father, Clarence Hurley
9. Father's Occupation, Clerk
10. Father's Birthplace, Dorchester Co

Name of Medical Attendant, or other person who makes this Return. Henrietta Mitchell

Address, 126 Posey St Baltimore Md

Remarks, 1893000191 8

... be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

... J. S. GALAHY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-11-56

RETURN OF A BIRTH. 48040.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Maida Louise Mielke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	9 June 1893
4. Place of Birth, (Street and Number)	1433 Cookson St.
5. Full Name of Mother,	Hulda Mielke
6. Mother's Maiden Name,	Hulda Albrecht.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Herman Mielke
9. Father's Occupation,	Laboar
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return,	Katharina Wilson.
Address,	1336 Hull St. 1331. Lows Point
Remarks,	

18930001919

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4801

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 9 June
4. Place of Birth, (Street and Number) 1465 Lawson st.
5. Full Name of Mother, Kath. Leinweber
6. Mother's Maiden Name, " Margaretha
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Leinweber
9. Father's Occupation, Laboar.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Dr. Hermine Wagner

Address, 8 Hall st. 1331 Lorus Point.

Remarks,

1893 0001920

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1 48012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) boy child
2. Race or Color, (if not of the white race) Color Child
3. Date of Birth, June 9 1893
4. Place of Birth, (Street and Number) 1341 Carroll Street Baltimore
5. Full Name of Mother, Susie Annie Simpson
6. Mother's Maiden Name, Susie Sims
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Thos H Sims
9. Father's Occupation, del in junk
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Lurina Mills

Address, 1428 Carroll Street Baltimore

Remarks, 1893000 1921

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Births shall be registered as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 4506 43

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 1893
4. Place of Birth, (Street and Number) No 106 West Randall
5. Full Name of Mother,
6. Mother's Maiden Name, Sally Hahn
7. Mother's Birthplace, Green Spring Valley Balt Co Md
8. Full Name of Father, Calvin Hahn
9. Father's Occupation, Rail Road Conductor
10. Father's Birthplace, Frederick Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address,

Remarks,

1893 0001922

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

BD J. S. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 June
4. Place of Birth, (Street and Number) Broadway St. 706
5. Full Name of Mother, Sofkia Slunkowska
6. Mother's Maiden Name, Yerinski
7. Mother's Birthplace, Poland
8. Full Name of Father, Stephan Slunkowska
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 602 Bond St.

Remarks,

1 8 9 3 0 0 0 1 9 2 3

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 48045.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 10 / 93
4. Place of Birth, (Street and Number) 330 E Hamburg st.
5. Full Name of Mother, Grace E Hendricks
6. Mother's Maiden Name, Grace E Jones
7. Mother's Birthplace, Dorchester Co. Md.
8. Full Name of Father, Myles C Hendricks
9. Father's Occupation, Driller
10. Father's Birthplace, Balto Md. U.S. [illegible] Md

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, Hanover Sts

Remarks,

1893 0001924

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 148446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, June 11th 1893. 9.45 A.M.
4. Place of Birth, (Street and Number) 740 North Gay St
5. Full Name of Mother, Annie Sherer
6. Mother's Maiden Name, " Baltz
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles C. Sherer
9. Father's Occupation House Furnishing Store
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Thurkeir

Address, 25 N. Preston St

Remarks,

1893 0001-925

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.d child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11th June
4. *Place of Birth, (Street and Number)*	1912. E. Chase St
5. *Full Name of Mother,*	Katherine Sherbert
6. *Mother's Maiden Name,*	Katherine Lind
7. *Mother's Birthplace,*	Baltimore. Md.
8. *Full Name of Father,*	Thomas A. Sherbert
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Anapalas Md.
Name of Medical Attendant, or other person who makes this Return.	Mary Bleitch
Address,	905 Somerset St
Remarks,	White

1893 0 0 0 1 9 2 6

...and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 48048.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c,) 2nd.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12 1923.
4. *Place of Birth, (Street and Number)* 1304 Hollins St.
5. *Full Name of Mother,* Mrs. Elsie Owens.
6. *Mother's Maiden Name,* Mrs. Mitchell.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Clarence Owens
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Md.

Name of Medical Attendent, or other person who makes this Return. Dr. Ely J. Kahn

Address, 1224 Light St.

Remarks,

8 9 3 0 0 0 1 9 2 7

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

3-8-65
GIVEN NAME ADDED.

RETURN OF A BIRTH

£ 48049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARY ELEANOR MARTIN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	F.
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	June 12. 1893.
4. *Place of Birth, (Street and Number)*	740 Dolphin st,
5. *Full Name of Mother,*	Sallie E. Martin,
6. *Mother's Maiden Name,*	Jennings,
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Norval W. Martin,
9. *Father's Occupation,*	Clerk,
10. *Father's Birthplace,*	Westminster, Md.
Name of Medical Attendant, or other person who makes this Return,	F. T. Noble M.D.
Address,	1007 W. Lanvale
Remarks,	

1893000 1928

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 48080.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	June 12 - 93
4. Place of Birth, (Street and Number)	1406 Monroe
5. Full Name of Mother,	Laura Beale
6. Mother's Maiden Name,	Laura Seward
7. Mother's Birthplace,	Cambridge
8. Full Name of Father,	Benj H Beale
9. Father's Occupation,	Printer
10. Father's Birthplace,	Annapolis
Name of Medical Attendant, or other person who makes this Return,	Daniel F Moyer MD
Address,	1200 N Eden st
Remarks,	City

8930001929

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4837.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 2 1892
4. *Place of Birth, (Street and Number)*	101 Martell Ave.
5. *Full Name of Mother,*	Emma Cagle
6. *Mother's Maiden Name,*	Emma Taylor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Cagle
9. *Father's Occupation*	Store keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Wm R Cashin
Address,	213 E Hoffman St
Remarks,	Young Well

1893000193 0

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 4805

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 and
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 3 th
4. *Place of Birth, (Street and Number)*	Baltimore city
5. *Full Name of Mother,*	Hattie Wieber
6. *Mother's Maiden Name,*	Hettie Berger
7. *Mother's Birthplace,*	Baltimore city
8. *Full Name of Father,*	Jacob Wieber
9. *Father's Occupation*	Bottle Worker
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	

1893 0001931

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been omitted in sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 480553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 3, 1893
4. *Place of Birth, (Street and Number)*	1718 Bond St
5. *Full Name of Mother,*	Anna M. Mackun (2)
6. *Mother's Maiden Name,*	Anna Hopkins "
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Andrew Hopkins
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wm. R. Easley
Address,	213 E. Heath St
Remarks,	Fairy Hill

1893000193 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Nothing in the above section shall be so construed as to require the same can be ascertained the full name of each child. (If any shall have been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 48052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 5 - 1893
4. Place of Birth, (Street and Number) 1711 E. Federal st
5. Full Name of Mother, Rose Cunningham
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. Cunningham
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return, P. G. Daruschwd

Address, 1729 E. Balto. st

Remarks,

1 8 9 3 0 0 0 1 9 3 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 48055

GIVEN NAME ADDED 5-27-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elmer Ellsworth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6 1863
4. Place of Birth, (Street and Number) 17th & Riggs ave
5. Full Name of Mother, Laura F Wall
6. Mother's Maiden Name, Carnahan
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, Harry C Wall
9. Father's Occupation, Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr L Fetterhoff M.D.

Address, 705 N Eutaw St

Remarks,

8930001934

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. A 48056.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Martin John Stock

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 6-1893
4. Place of Birth, (Street and Number) 709 S. Broadway
5. Full Name of Mother, Kate Stock
6. Mother's Maiden Name, " Schuh
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, August Stock
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. P. G. Dauschand

Address, 1729 E. Baltimore st

Remarks,

1893 0001935

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, any should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 48057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child born alive, and shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th
1. *Sex, (state whether ~~male or~~ female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 6th 93.
4. *Place of Birth, (Street and Number)*	846 N. Howard St
5. *Full Name of Mother,*	Clementine Craig
6. *Mother's Maiden Name,*	Barton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	G.W. Hume Craig
9. *Father's Occupation,*	Lawyer
10. *Father's Birthplace,*	Cecil Co. Maryland
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St.
Remarks,	

1893 0001936

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. / 45038.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7th 1893
4. Place of Birth, (Street and Number) 229 N. Broadway
5. Full Name of Mother, Rose Brandt
6. Mother's Maiden Name, Lang
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, William Brandt
9. Father's Occupation Clothing Cutter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, E. H. Bladen M. D.

Address, 1611 E. Baltimore St

Remarks,

1893 0001937

...C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A-48059

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	June 7th 1893
4. *Place of Birth* (Street and Number)	1847 Hollins Ave
5. *Full Name of Mother*	Mary Louise Miller
6. *Mother's Maiden Name*	Mary Louise Wright
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	George F. Miller
9 *Father's Occupation*	Grocer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	P. F. Benson M.D.
Address	1847 Hollins Ave
Remarks	

1893000 1938

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 8th 1893
4. *Place of Birth, (Street and Number)* No 1109 Wilkens Ave
5. *Full Name of Mother,* Mary Ann Sumrak
6. *Mother's Maiden Name,* Cunningham
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard Sumrak
9. *Father's Occupation,* Painter Varnisher
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Heidingsfelder

Address, 555 N. Eutaw St.

Remarks,

1893000193

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 48061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 7 th 1893
4. *Place of Birth, (Street and Number)*	855 North Howard St.
5. *Full Name of Mother,*	Bertha Henzey
6. *Mother's Maiden Name,*	Bertha Schere
7. *Mother's Birthplace,*	Baltimore city
8. *Full Name of Father,*	Philip F. Henzey
9. *Father's Occupation*	Tilder
10. *Father's Birthplace,*	Baltimore city
Name of Medical Attendant, or other person who makes this Return,	Wm Hunter
Address,	23 1/2 Poppleton St
Remarks,	1893000 1940

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 31 48067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th child

1. Sex, (state whether male or female) this is femail
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, 9 ob June 1893
4. Place of Birth, (Street and Number) Burk Street No ~~2~~ 214
5. Full Name of Mother, Annie In Harrison
6. Mother's Maiden Name, Annie In ~~Harrison~~
7. Mother's Birthplace, Baltimore Dointe, In d
8. Full Name of Father, ~~Peter Harrison~~ Daniel Harrison
9. Father's Occupation, Labor Seoman
10. Father's Birthplace, Eastorn Shore Dorchester County

Name of Medical Attendant, or other person who makes this Return. Mrs Elisabeth Madonen

Address, 424 Dowrham Street

Remarks,

1893 0000 1941

Health. This schedule shall contain a list of the births which have occurred since the ... month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. KULAWY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 1893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereof, the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June - 10 - 3-0 Clock 1893
4. Place of Birth, (Street and Number) 213 - Park St
5. Full Name of Mother, ~~Ellen James~~ Mary Agness Jones
6. Mother's Maiden Name, Mary Agness Ratigan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Lewis Jones
9. Father's Occupation Hustler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Payroll St

Remarks, 1893 0001942

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10, 1893
4. Place of Birth, (Street and Number) 130 N Gay St
5. Full Name of Mother, Katie Frey
6. Mother's Maiden Name, Katie Jones
7. Mother's Birthplace, Baltimore
8. Full Name of Father, ~~Jacob~~ Geo W. Jones
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, A. Weyforth

Address, 805 Aisquith St

Remarks,

1893000 1943

The Physician, Midwife or other person who shall neglect or refuse to report to the Commissioner of Health a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 10th 1893
4. *Place of Birth, (Street and Number)*	Balti 42 Stockton St
5. *Full Name of Mother,*	Mary E Horsey
6. *Mother's Maiden Name,*	Mary E Horsey
7. *Mother's Birthplace,*	St Mary's County
8. *Full Name of Father,*	Henry Williams
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	West river
Name of Medical Attendant, or other person who makes this Return.	Caroline Queen
Address,	1066 Raborg Street
Remarks,	

1893000944

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Commissioner of Health. In case the birth of any child third day of each and every month to the office or practitioner as aforesaid, or should no other person be in attendance upon the mother, immediately thereafter. In the manner and within the period above required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48066.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, midwife, or other person who shall neglect or refuse to report to the registrar aforesaid, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 10, 1893
4. Place of Birth (Street and Number)	826 Fessier St.
5. Full Name of Mother	Ida Cole
6. Mother's Maiden Name	"
7. Mother's Birthplace	Howard Co. Md.
8. Full Name of Father	James Brown
9. Father's Occupation	Hostler
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	W. H. Thompson, M.D.
Address	526 St. Paul St.
Remarks	

1893 0001945

RETURN OF A BIRTH. A 48067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11th 1893
4. *Place of Birth, (Street and Number)* 605 E Monument St
5. *Full Name of Mother,* Thresa A Bryan
6. *Mother's Maiden Name,* Ambrose
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* Edmund J Bryan
9. *Father's Occupation* Demonstrator
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return Susan Hunter

Address, 3 N Poppleton St

Remarks, 1893000 1946

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH A 48068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rudolph Gustav

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White race
3. Date of Birth, June 11 th 1893
4. Place of Birth, (Street and Number) # 110 East Heath St
5. Full Name of Mother, Margarette Heim
6. Mother's Maiden Name, Margaret Bayerle.
7. Mother's Birthplace, Luemmberg Germany.
8. Full Name of Father, Edward F. Heim
9. Father's Occupation, Butcher
10. Father's Birthplace, Dungig West Russia Ger

Name of Medical Attendant, or other person who makes this Return. Annamia Goeller

Address, 1703 Hanover St

Remarks, South Balto

GIVEN NAME ADDED, 11-23-54 tfg

1893 00 19471

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 2 1923
4. Place of Birth, (Street and Number) 1412 Orchard St Baltimore Md.
5. Full Name of Mother, Lizzie Williams
6. Mother's Maiden Name, Lizzie Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Williams
9. Father's Occupation Longshoreman
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Louisa Lane

Address, 642 Fleet St

Remarks,

8 9 3 0 0 0 1 9 4 8

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48070.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12 1893
4. Place of Birth, (Street and Number) 1308 N Carey St
5. Full Name of Mother, Lilly A Dwilbliss
6. Mother's Maiden Name, Fowler
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, Chas A Dwilbliss
9. Father's Occupation Huckster
10. Father's Birthplace, Carrol Co Md

Name of Medical Attendant, or other person who makes this Return, Dr L Zetterroff M D

Address, 905 N Gilmor St

Remarks,

1893 0001949

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of, midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12 — 1893
4. Place of Birth, (Street and Number) No 1300 Hanover St
5. Full Name of Mother, Susie Claybaugh
6. Mother's Maiden Name, Susie Harrington
7. Mother's Birthplace, Baltimore City md
8. Full Name of Father, William Claybaugh
9. Father's Occupation, Tin cutter
10. Father's Birthplace, Baltimore City md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hinton

Address, No 1422 Hanover St

Remarks,

18930001950

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 48072

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c~~)

1. Sex (state whether Male or ~~Female~~) White
2. Race or Color (if not of the white race)
3. Date of Birth June 12/93
4. Place of Birth (Street and Number) # 28.5. Sharp St
5. Full Name of Mother Catherine V. Rice
6. Mother's Maiden Name Catherine V. Alexander
7. Mother's Birthplace Balt- md
8. Full Name of Father Peter J. Rice
9. Father's Occupation Cooper
10. Father's Birthplace Balt- md

Name of Medical Attendant, or other Person who makes this Return. Dr. F. Joseph M. D.

Address 2032 N. Chester St

Remarks

1893000951

RETURN OF A BIRTH. A 48073.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 12th
4. *Place of Birth, (Street and Number)*	1147 Columbia ave
5. *Full Name of Mother,*	Elizabeth Herion
6. *Mother's Maiden Name,*	Elizabeth Weinreich
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Herion
9. *Father's Occupation,*	Black-Smith
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Kellyond Phifer
Address,	641 So Broadway
Remarks,	

1 0 9 3 0 0 0 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48076

GIVEN NAME ADDED 4-5-37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Viola King

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 12 th 1893

4. Place of Birth, (Street and Number) Locust Ave 1617

5. Full Name of Mother, Sarah E. King

6. Mother's Maiden Name, Sarah Simpson

7. Mother's Birthplace, Baltimore County Md

8. Full Name of Father, Albert Alexander King

9. Father's Occupation Laborer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 1401 Lewis St

Remarks, Nurse present at birth

1893 0001953

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48075.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 13th 1893.
4. *Place of Birth, (Street and Number)* Baltimore Md. 413 Ramsay St.
5. *Full Name of Mother,* Lena Lynn.
6. *Mother's Maiden Name,* Lena Goose.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John J. Lynn
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Karl Krauss

Address, 414 S. Sticker St. Baltimore Md

Remarks, Mother and Child are Living well

1893000195 4

The above shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), the sex, color, the full name and occupation of its parents, the date and place of birth, and the name, and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

over

A 48076.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Austin Courtney Hirzel Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or ~~female~~) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13. 1893
4. Place of Birth, (Street and Number) 1504 Hopkins Ave.
5. Full Name of Mother, Anna Hirzel
6. Mother's Maiden Name, Stecker
7. Mother's Birthplace, Germany
8. Full Name of Father, John K. Hirzel
9. Father's Occupation, Laborer
10. Father's Birthplace, ~~Germany~~ Switzerland

Name of Medical Attendant, or other person who makes this Return. John H. Cowan M.D.

Address, 1806. N. Bond St.

Remarks,

+ 8 9 3 0 0 0 1 9 5 5

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every child born within the City of Baltimore shall have a name given it within two months after birth, and shall be registered as to the name of each child of any mother within ten days after the birth of such child, and shall set forth as far as the same can be ascertained the full name of each child of any mother

RETURN OF A BIRTH. A48077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. June 13th 1893
4. Place of Birth, (Street and Number) 1024 Saratoga St
5. Full Name of Mother, Mary A. Griffin
6. Mother's Maiden Name, Mary A. Flaherty
7. Mother's Birthplace, Maryland
8. Full Name of Father, James J. Griffin
9. Father's Occupation Horse Collar maker
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return Susan Hunter

Address, 23 N Appleton St

Remarks,

1893000195

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four (4) June 13th 93

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 13th 93
4. *Place of Birth, (Street and Number)* 629 Fennelly
5. *Full Name of Mother,* Mrs Louisa McCloy
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Spring Garden N C
8. *Full Name of Father,* Wm Thomas
9. *Father's Occupation,* Grocery Wagon
10. *Father's Birthplace,* Talbot Co

Name of Medical Attendant, or other person who makes this Return. Colin Reed

Address, 131 Arch St Balto

Remarks,

1893000 1957

mouth, and shall set forth as far as the same can be ascertained the full name of each child of any female who has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ISAAC J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A

Young

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth. June 13th 1893

4. Place of Birth, (Street and Number) 421 W Biddle St

5. Full Name of Mother. Mrs Chapman Jr

6. Mother's Maiden Name.

7. Mother's Birthplace. Mr Chapman (Woman) 39

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace. A K Bond M D

Name of Medical Attendant, or other Person who makes this Return

Address. 589 Park ave

Remarks. I delivered for a midwife, Sophia Johnson, Colored
patient only was sent, and leaving her in charge of midwife

3 0 0 0 1 9 5 0

...T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 48080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 13/93 —
4. *Place of Birth, (Street and Number)*	609 Bank St
5. *Full Name of Mother,*	Mary Asing
6. *Mother's Maiden Name,*	Mary Kubasek
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry W. Asing —
9. *Father's Occupation,*	Dryer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	T. Basheer Jr. M.D.
Address,	700 S. Broadway
Remarks,	Born 7 P.M. 3d as 7th.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 4881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 14th 1893
4. *Place of Birth, (Street and Number)*	1106 Bond St.
5. *Full Name of Mother,*	Minnie Clarke
6. *Mother's Maiden Name,*	Minnie Lewis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Clarke
9. *Father's Occupation,*	Iron Molder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Cross
Address,	119 S. Appleton St.
Remarks,	

1893 0009 1960

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 48827.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) First

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, June 12th 1893.
4. Place of Birth (Street and Number), 1124 N. Stockton Street.
5. Full Name of Mother, Ida Rebecca Birkhead
6. Mother's Maiden Name, Ida Rebecca Causey
7. Mother's Birthplace, Calvert County Maryland
8. Full Name of Father, Joseph Thomas Birkhead
9. Father's Occupation, Agent
10. Father's Birthplace, Calvert County Maryland

Name of Medical Attendant, or other person who makes this Return. G. C. Hammers

Address, 212 N. Franklin St

Remarks,

1893 0001961

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 47585.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

"Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2 c
1. *Sex.* (state whether male or female)	male
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth.*	June 14 1893 5 ½ pm
4. *Place of Birth.* (Street and Number)	325 N. Mount
5. *Full Name of Mother.*	Emma Biden
6. *Mother's Maiden Name.*	Emma Liddle
7. *Mother's Birthplace.*	Baltimore md
8. *Full Name of Father.*	George Biden
9. *Father's Occupation.*	mortar man
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	F H Sartoni
Address.	1136 Arlington
Remarks.	

0 9 3 0 0 0 1 9 6 2

...BY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 48084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, June 14. 93
4. Place of Birth, (Street and Number) 105 E. Lanvale St.
5. Full Name of Mother, Mrs. Virginia V. Sullivan Manning
6. Mother's Maiden Name, Miss " " " Sullivan
7. Mother's Birthplace, E. Md. U.S.
8. Full Name of Father, Jesse Jacob Manning
9. Father's Occupation, Interpreter
10. Father's Birthplace, Westminster, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return, G. G. Lucke M.D.

Address, 1-11 E. Lanvale St.

Remarks, Natural delivery

1893 0001963

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 48885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 15 1853

4. Place of Birth, (Street and Number) 207 Gorsuch Ave Homestead

5. Full Name of Mother, Rachel Edelman

6. Mother's Maiden Name, Rachel Edelman — Not married

7. Mother's Birthplace, Md.

8. Full Name of Father, Harry B. Carroll. (As given by mother)

9. Father's Occupation, Not Known to me

10. Father's Birthplace, Not Known to me

Name of Medical Attendant, or other person who makes this Return, H. Young, Northeast 1488

Address, 237 Gorsuch Avenue

Remarks, This Child is illegitimate

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall on every month to the office of the Commissioner of misdemeanor, or should no other persons be in attendance upon the mother. Commissioner of Health. In the manner and within the period above required, and shall occur without the attendance of a physician or practical midwife, it shall become the duty of the person, or persons, who shall be present at the birth to the Commissioner of Health, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A-48586

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15/93
4. Place of Birth, (Street and Number) 524 N. Washington St
5. Full Name of Mother, Cora Hohnman
6. Mother's Maiden Name, Cora Spigel
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Conrad C. Hohnman
9. Father's Occupation, Balto. Md
10. Father's Birthplace, Clerk

Name of Medical Attendant, or other person who makes this Return, H. J. Saulsbury Jr. M. D.

Address, 408 S. Broadway

Remarks, Born 3/12 30 P.M. 1905

... shall set forth as far as the same can be ascertained of its parents, the date and place of birth, and the full name and occupation of the parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the ... in the form of a certificate between the first and ... delivered, duly signed by the practitioner in the ... Health. In case the birth of any child ... every month to the office of the Commissioner of ... midwifery, or should no other person be in ... attendance of a physician or practitioner of midwifery, of the person or parents of such ... without the attendance of a physician or practitioner of midwifery, of the person or parents of such ... immediately thereafter it shall become the duty, in the period above required, and ... mother, immediately thereafter it shall become the duty, in the manner and within the period above required, and ... Commissioner of Health, in the manner and within the provisions of this section shall be sub- ... hereafter fail to comply with the provisions of this section shall be sub- ... who shall hereafter fail to comply with the provisions of this section shall be sub- ... each offense, to be recovered as other fines and forfeitures are recoverable ... dollars for each offense, to be recovered as other fines and forfeitures are recoverable ... to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 48087

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 13
4. *Place of Birth, (Street and Number)* 712 Mulberry
5. *Full Name of Mother,* Lura A Hinder
6. *Mother's Maiden Name,* Lura V Hill
7. *Mother's Birthplace,* Baltimore M. D
8. *Full Name of Father,* Robert H Hinder
9. *Father's Occupation* Driving
10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Hester Cotanza

Address, 609 Preston St

Remarks,

0 9 3 0 0 0 1 9 6 6

Wm. J. C. Dulany Co., City Printers and Stationers

months, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A-48088.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	List
1. *Sex,* (state whether male or female)	Female
2. *Race or Color,* (If not of the white race)	White
3. *Date of Birth,*	June 16th 1893
4. *Place of Birth,* (Street and Number)	1015 Pennsylvania Ave
5. *Full Name of Mother.*	Jaunetta Allen
6. *Mother's Maiden Name.*	Jaunetta Allen
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father.*	(do not Known) (Unknown)
9. *Father's Occupation,*	
10. *Father's Birthplace.*	
Name of Medical Attendant, or other Person who makes this Return	J. D. Gillis M.D.
Address,	437 N. Paddleton
Remarks,	

1893 0 0 6 1 7 0 7

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. L 45059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 of June
4. Place of Birth, (Street and Number) 1403 Hopkins ave
5. Full Name of Mother, Kate Miller
6. Mother's Maiden Name, Glace
7. Mother's Birthplace, Hagerstown
8. Full Name of Father, George M Miller
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M A Davenport

Address, 2024 E Pratt St

Remarks, Doing Well

1893 0001968

Wm J. C. Dulany Co., City Printers and Stationers.

Sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48090.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	June 16. 1893
4. *Place of Birth, (Street and Number)*	572. Walnut Aly.
5. *Full Name of Mother,*	Charlotte Jones
6. *Mother's Maiden Name,*	Charlotte Counts
7. *Mother's Birthplace,*	Calvert County Md
8. *Full Name of Father,*	Jacob Jones
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Calvert County Md
Name of Medical Attendant, or other person who makes this Return,	Mary Ann Mason
Address,	572 Walnut Aly
Remarks,	Baltimore

1893 0001969

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child of any sex that have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said he/she/it shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-22-57

RETURN OF A BIRTH. A 48591.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sarah Celeste Kaplan

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th June 1893
4. Place of Birth, (Street and Number) Low St 102
5. Full Name of Mother, Peora Kaplan
6. Mother's Maiden Name, Peora Rubin
7. Mother's Birthplace, Russia
8. Full Name of Father, Hyman Kaplan
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Kitzie Trivatz

Address, 177 High St.

Remarks,

893000 1970

Wm. J. C. Dulany Co., City Printers and Stationers.

Fees collected for sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16 th 1893
4. Place of Birth, (Street and Number) 1503. d. Charles. St
5. Full Name of Mother, Emma. f. Mayhew
6. Mother's Maiden Name, Emma f. Robidon
7. Mother's Birthplace, Prince. George. co. m d
8. Full Name of Father, Thomas. J. Mayhew
9. Father's Occupation, Car Driver
10. Father's Birthplace, Prince. George. co. m d

Name of Medical Attendant, or other person who makes this Return. Ellamora. a. anderson

Address, 1434 Patapsco. St.

Remarks,

1893000197 1

Whoever shall refuse or neglect to give the information required by this section, or shall give false information, or shall refuse or neglect to report to the Commissioner of Health the name of each child, if any, that may have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 4805.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4th 1893
4. *Place of Birth, (Street and Number)* 1044 W. Saratoga St
5. *Full Name of Mother,* Lizzie Hafle
6. *Mother's Maiden Name,* Lizzie Mehl
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George Hafle
9. *Father's Occupation* Shipping Clerk
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Miss Minnie Graf

Address, 206 N. Schroeder St

Remarks,

1893000 1972

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. No. 48044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Color
3.	*Date of Birth,*	June 6th 1893
4.	*Place of Birth, (Street and Number)*	400 Mc. alester cott
5.	*Full Name of Mother,*	Gertrude Jones
6.	*Mother's Maiden Name,*	Gertrude Tyson
7.	*Mother's Birthplace,*	Baltimore Md
8.	*Full Name of Father,*	George T Jones
9.	*Father's Occupation,*	Labor
10.	*Father's Birthplace,*	Georgetown
	Name of Medical Attendant, or other person who makes this Return,	Mrs Charlotte Williams
	Address,	910 Leaden - Hall st
	Remarks,	five dollars

: 0930001973

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48095.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6 th 1893
4. *Place of Birth, (Street and Number)* 940 W. Lexington St
5. *Full Name of Mother,* Angela Wetzler
6. *Mother's Maiden Name,* " " Goldmajer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Wetzler
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Edwina Graf

Address, 206 N. Schroeder St

Remarks,

1893 0001974

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

No. 48096.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 6th 1893
4.	*Place of Birth, (Street and Number)*	1671 Mosher
5.	*Full Name of Mother,*	Hettie J Knapp
6.	*Mother's Maiden Name,*	" Taylor
7.	*Mother's Birthplace,*	Balto, City
8.	*Full Name of Father,*	Earnest P Knapp
9.	*Father's Occupation,*	Printer
10.	*Father's Birthplace,*	Vermont
	Name of Medical Attendant, or other person who makes this Return.	W K Warren M.D.
	Address,	90 N Stricker St
	Remarks,	

1893 0001975

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Living Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8 June
4. Place of Birth, (Street and Number) Raffle St. N. 924
5. Full Name of Mother, Mary Rose Cox
6. Mother's Maiden Name, Mary Barbara Cafferty
7. Mother's Birthplace, Md.
8. Full Name of Father, Michael Cox
9. Father's Occupation, Laborer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Mary Hanglik
E. Eager St N. 1923.

Address,

Remarks,

0930001976

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 10-17-66

RETURN OF A BIRTH.

f. 48048.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARIE ELMONT ~~BROWNING~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 8th 1893
4. Place of Birth, (Street and Number) 154 Calhoun St
5. Full Name of Mother, Mary Virginia Browning
6. Mother's Maiden Name, Young
7. Mother's Birthplace, Balto City
8. Full Name of Father, Harrison McGill Browning
9. Father's Occupation, Machinist
10. Father's Birthplace, Frederick Co Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 3 0 0 0 1 9 7 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A-48099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9 1893.
4. Place of Birth, (Street and Number) 726 Greenmount Ave.,
5. Full Name of Mother. Mary E. Dalrymple
6. Mother's Maiden Name, Mary Kelly
7. Mother's Birthplace, ~~Ireland~~ Baltimore, Md
8. Full Name of Father, William J. Dalrymple
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Henry F. Cassidy M. D.

Address, 702 Greenmount Ave

Remarks, 1893 U 001978

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife or person in attendance upon the birth of a child, and every householder in whose house a child is born, shall, within ten days after the birth, report to the Commissioner of Health the full name of each child, if any shall have been given, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered month to the office of the Coroner of stillbirth. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or practical midwife, in the manner and within the period above required, and third day of each and every month, a schedule of all births which shall have occurred within the city during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered month to the office of the Coroner of stillbirth. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or practical midwife, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 10th 1873
4. Place of Birth, (Street and Number) Baltimore No 1522 N. Bethel St
5. Full Name of Mother, Mrs Mary Von ~~County~~ Newendorf
6. Mother's Maiden Name, Mrs Mary Von Gaudy
7. Mother's Birthplace, Europe
8. Full Name of Father, Mr William Von Newendorf
9. Father's Occupation Printer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Jean Krueger

Address, No 2026 E Fayette St

Remarks,

1893000 1979

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been delivered; its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

A 4810.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~State whether~~ male or ~~female~~)
2. Race or color, (~~W~~ not of the white race) Colo'd.
3. Date of Birth, June 10
4. Place of Birth, (Street and Number) 846 Pine
5. Full Name of Mother, Lulu Armstead
6. Mother's Maiden Name, Taylor
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Armstead
9. Father's Occupation, Labor
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. P Kuntzing M.D.

Address, 601 Franklin St

No Remarks,

1893 0001980

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall so far as the same can be ascertained the full name of each child, if any shall have month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

1890 N.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) Female

3. Date of Birth, Jan 2 11th 1893

4. Place of Birth, (Street and Number) 2 N. Schroder St City

5. Full Name of Mother, Katie Koch

6. Mother's Maiden Name, Katie Sidney

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Louis Sidney

9. Father's Occupation Farmer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Minne Med

Address, 206 N Schroder St City

Remarks,

893U001081

The Physician, Midwife or other person who shall neglect or refuse to report the birth of any child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4803.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 12 Jan 1893
4. *Place of Birth, (Street and Number)*	1714 Lansing St.
5. *Full Name of Mother,*	Katie Braun
6. *Mother's Maiden Name,*	Katie Lohing
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jack Braun
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Mrs Christina Lauer
Address,	1059 Harford Ave Baltimore Md
Remarks,	1893 0 0 0 1 9 8 2 City

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 48104.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13th 1893
4. Place of Birth, (Street and Number) 1044 W. Saratoga St. C.
5. Full Name of Mother, Katie Strahler
6. Mother's Maiden Name, " " Sense
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Strahler
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Sack

Address, 206 N. Schroder St

Remarks,

B 9 3 0 0 0 1 9 8 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15th 1893
4. *Place of Birth, (Street and Number)* 1313 Central Ave. (North.)
5. *Full Name of Mother,* Mrs. Emma Price
6. *Mother's Maiden Name,* Miss Emma Bachman
7. *Mother's Birthplace,* Philadelphia Penna.
8. *Full Name of Father,* Mr. George W. Price
9. *Father's Occupation,* Morocco Finisher
10. *Father's Birthplace,* Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return. Basil J. Short M. D.

Address, 9 S. Fulton Ave

Remarks,

1893000 1984

Keep conferred) its sex, color, the full name and occupation of its parents, the date and pla... and said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first an... third day of each and every month to the office of the Commissioner of Health. In case the birth of any chil... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE J. C. BALLANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

4807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (~~State whether~~ male ~~or female~~)
2. Race or color, (~~X~~ not of the white race) Colored
3. Date of Birth, June 16th
4. Place of Birth, (Street and Number) 517 Walnut Al.
5. Full Name of Mother, Charlotte Jones
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Jones
9. Father's Occupation, Labor.
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Pearce Tenting M.D.

Address, 601 Franklin St

No Remarks,

1893000985

Health. This schedule shall contain a list of the ... the full name of each ... of birth ... st and ... month, and shall set forth as far as the same can be ascertained the full name of each ... the ... been conferred; its sex; color; the full name and occupation of its parents; the date and pla... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate here... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

A 48108.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 16 1893
4. *Place of Birth, (Street and Number)*	213 N. Conway St
5. *Full Name of Mother*	Emma Turner
6. *Mother's Maiden Name*	Emma Griffith
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Joseph J. Turner
9. *Father's Occupation*	Commission Merchant
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return	Dr. R. Wiley md
Address	1224 N. Leary St
Remarks	

8930001986

...ch of ... the ...ter, st... condition, whether still ...ta or not, the ... name of the mother of such child or children.

RETURN OF A BIRTH. A 48109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child of any mother who shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th June
4. *Place of Birth, (Street and Number)*	403 Courtland Street
5. *Full Name of Mother,*	Mary Anna Apello
6. *Mother's Maiden Name,*	Mary Anna Helena.
7. *Mother's Birthplace,*	Baltimore, Maryland
8. *Full Name of Father,*	Vincent S Apello
9. *Father's Occupation,*	Eating House
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other person who makes this Return.	Mrs Jones Midwife.
Address,	
Remarks,	

8930001987

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A-48110.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 17 June 1893
4. Place of Birth, (Street and Number) 723 Jordan St
5. Full Name of Mother, Sallie Thornton
6. Mother's Maiden Name, " Banks
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Robert Thornton
9. Father's Occupation, in Market
10. Father's Birthplace, Green Spring Valley Balto Co Md

Name of Medical Attendant, or other person who makes this Return. Lucy Connish

Address, 255 Canals alley

Remarks,

1893000 1988

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 48111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 18th 1893
4. *Place of Birth, (Street and Number)*	1422 Holbrook St.
5. *Full Name of Mother,*	Florence M. Hicks.
6. *Mother's Maiden Name,*	Florence M. Burch.
7. *Mother's Birthplace,*	Charleston. S. C.
8. *Full Name of Father,*	George W. Burch.
9. *Father's Occupation,*	Storekeeper.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Alfred B. Giles. M.D.
Address,	1345 Aisquith St.
Remarks,	

1893000 1989

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 4817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 18 1893
4. *Place of Birth, (Street and Number)*	Huntington av 1132
5. *Full Name of Mother,*	Bell Beck
6. *Mother's Maiden Name,*	Bell Tase
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	Martin " Beck
9. *Father's Occupation,*	laborer
10. *Father's Birthplace,*	Baltimor County
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Sinneman
Address,	Hampdan Balto City
Remarks,	1893 0001990

Note.—This return must contain as many as can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. G. BULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48913.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 te
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Whit
3. *Date of Birth,*	18 of Juni 1893.
4. *Place of Birth, (Street and Number)*	2100 Chew St
5. *Full Name of Mother,*	Anni Rikert
6. *Mother's Maiden Name,*	Annie Oberseider
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Georg Rikert
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Da Hill M.D.
Address,	207. N. Castle St Baltimore
Remarks,	\ \ \

month, and shall set forth as far as the same can be ascertained the full name of each child, the day and place of birth, and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every nuisance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the periods above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

6930001991

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colud
3. Date of Birth, June 11 1893
4. Place of Birth, (Street and Number) Hurey st 126
5. Full Name of Mother, Margret Blunden
6. Mother's Maiden Name, Margret ringgold
7. Mother's Birthplace, Baltimer
8. Full Name of Father, John ringgold
9. Father's Occupation, labour
10. Father's Birthplace, Baltimer

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Miles

Address, 115 west Hurey st

Remarks, 8 months

1893000 1992

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-30-59

RETURN OF A BIRTH. A 47815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank A. Aubel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19th 1893
4. Place of Birth, (Street and Number) 326½ S. Carolina St
5. Full Name of Mother, Emma Aubel
6. Mother's Maiden Name, Emma F. Mathews.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Adam Aubel.
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Waters.

Address, 428 N. Bond St.

Remarks,

8930001993

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 1/8116.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro.
3. Date of Birth, June 12th 1898
4. Place of Birth, (Street and Number) 1221 High Alley
5. Full Name of Mother, Lizzie Morris.
6. Mother's Maiden Name, Lizzie Morris.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Do not Know
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, S. W. Carjile M.D.

Address, 430 W Biddle Street

Remarks,

8930001994

The Mother, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

ON J. D. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 48117.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 19th 1893
4. *Place of Birth, (Street and Number)* Balto Md Petuxant St 812
5. *Full Name of Mother,* Molly A Burns
6. *Mother's Maiden Name,* E Stones
7. *Mother's Birthplace,* Dorchester Co. Md
8. *Full Name of Father,* Thomas H. Burns
9. *Father's Occupation* Foreman
10. *Father's Birthplace,* Dorchester County Md

Name of Medical Attendant, or other person who makes this Return, Hannah

Address, 807 Aliceanna St.

Remarks,

8930001995

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 47818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20, 1893
4. Place of Birth, (Street and Number) 2538 Dover Street.
5. Full Name of Mother, Ella Watts.
6. Mother's Maiden Name, Ella Thawley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Watts
9. Father's Occupation Bricklayer
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. J. N. Marbert

Address, 1471 N Gay St.

Remarks, (Mrs Thawley Mother) 8 9 3 0 0 0 1 9 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Name: Leona Mautner

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* June 20th — 93
5. *Place of Birth, (Street and Number)* No 117 So. Sharp St
6. *Full Name of Mother,* Rosalia (Bertha) Manko (Mautner)
7. *Mother's Maiden Name,* (Bertha) Manko
8. *Mother's Birthplace,* Born in City —
9. *Full Name of Father,* Louis (Mortner) Mautner
10. *Father's Occupation,* Merchant
11. *Father's Birthplace,* City —

Name of Medical Attendant, or other Person who makes this Return — Dr R. W. Mettler

Address, 402 Cathedral St

Remarks,

1893 00001997

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 48170.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 1 st. 93
4. *Place of Birth, (Street and Number)*	314 N. Front St.
5. *Full Name of Mother,*	Annie
6. *Mother's Maiden Name,*	Silberman
7. *Mother's Birthplace,*	Saxne
8. *Full Name of Father,*	Jacob Bursenstein
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Saxne
Name of Medical Attendant, or other person who makes this Return,	Mrs P. Slote
Address,	207 S. High St.
Remarks,	

1893 0001998

Wm. J. C. Dulany Co., City Printers and Stationers.

4871

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 2. 1893
4. *Place of Birth, (Street and Number)*	1101 Maryland Avenue
5. *Full Name of Mother,*	Bridget O'Leary
6. *Mother's Maiden Name,*	Corcoran
7. *Mother's Birthplace,*	New Jersey
8. *Full Name of Father,*	James O'Leary
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Canada
Name of Medical Attendant, or other person who makes this Return,	G. Lane Taneyhill
Address,	1103 Madison Avenue
Remarks,	

1893U0001999

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 6 1893

4. Place of Birth, (Street and Number) 120 W. Lafayette Ave.

5. Full Name of Mother, Mary W. Turner

6. Mother's Maiden Name, " Crane

7. Mother's Birthplace, Mo.

8. Full Name of Father, Paul Turner

9. Father's Occupation Insurance Agent

10. Father's Birthplace, W. Va.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Avenue

Remarks, Prolonged labor from rigid os.

1893 0002000

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 48733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the officer of practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter; it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 7/93
4. Place of Birth, (Street and Number)	915 Light st
5. Full Name of Mother,	Clara S. Ellis
6. Mother's Maiden Name,	Clara Showers
7. Mother's Birthplace,	Philadelphia Pa
8. Full Name of Father,	E Dorsey Ellis
9. Father's Occupation,	Physician
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	E Dorsey Ellis M.D
Address,	915 Light st
Remarks,	

1893 0002001

MD. J. S. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 7 1893
4. *Place of Birth, (Street and Number)*	1012 Sharp st.
5. *Full Name of Mother,*	Amelie Moeser
6. *Mother's Maiden Name,*	Kurzrock.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Henry Moeser
9. *Father's Occupation*	Tailor.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	J. Schwasser. MD. wife.
Address,	1032 Hanover st.
Remarks,	

18 93

8 9 3 0 0 0 2 0 0 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 11-7-56

RETURN OF A BIRTH A 48178.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Beatrice Dunnock

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Femal
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8/93
4. *Place of Birth, (Street and Number)* 709 E. Lewis
5. *Full Name of Mother,* Carrie V. Dunnock
6. *Mother's Maiden Name,* do Meekins
7. *Mother's Birthplace,* Dorchester Co Md.
8. *Full Name of Father,* Edw. F. Dunnock
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. E. Dorsey Ellis M.D.

Address, 915 Light St.

Remarks,

8930002003

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 48176.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 June 1893
4. Place of Birth, (Street and Number) 340 Fawn St
5. Full Name of Mother, Mary Donovan
6. Mother's Maiden Name, Weaver
7. Mother's Birthplace, Balto.
8. Full Name of Father, Daniel Donovan
9. Father's Occupation Day Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1302 E Lexington St

Remarks, 1893000 2004

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of Third Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth, February Tenth, 1893
4. Place of Birth, (Street and Number) Baltimore Madison Ave 127
5. Full Name of Mother, Mary E Scofield
6. Mother's Maiden Name, Mary Wilson
7. Mother's Birthplace, Dorchester County Md.
8. Full Name of Father, Steven Scofield
9. Father's Occupation Farmer Fireman
10. Father's Birthplace, Pocomoke City
Name of Medical Attendant, or other person who makes this Return, Dr. George A. Brooks
Address, No 1752 Madison Ave
Remarks,

8930002005

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Linda Conaway

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 13 June 1893
4. Place of Birth, (Street and Number) 814 S. Eastern Ave
5. Full Name of Mother, Mary Conaway
6. Mother's Maiden Name, " Wade Tapp
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Conaway
9. Father's Occupation Pilot
10. Father's Birthplace Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return, Thos R Ellis

Address, 1302 E Lexington St

Remarks, CHILD NAME ADDED. 4-18-52

1893000 2006

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A48159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 13, 1893.
4. Place of Birth, (Street and Number) 1532 Argyle Ave.
5. Full Name of Mother, Annie E. Krafft
6. Mother's Maiden Name, Desch
7. Mother's Birthplace, Md.
8. Full Name of Father, Walter S. Krafft
9. Father's Occupation Painter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave.

Remarks, Chloroform, very large child.

1893 0002007

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 18930.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 18
4. Place of Birth, (Street and Number) 507 Rice St.
5. Full Name of Mother, Maggie R. Boisseau
6. Mother's Maiden Name, Maggie R. Boisseau
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Samuel T. Ross.
9. Father's Occupation, agent.
10. Father's Birthplace, Cambridge Md.

Name of Medical Attendant, or other person who makes this Return, Jane E. Rogers.

Address, 229 Eliz. St.

Remarks, No Remarks.

1893000 2008

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48931.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 17 1893.
4. *Place of Birth, (Street and Number)*	1107 James Alley
5. *Full Name of Mother,*	Mary Wenner
6. *Mother's Maiden Name,*	Watson
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Henry Wenner
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	J. Lohrasser Midwife
Address,	1032 Hanover st
Remarks.	

18930002009

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 12th 1893
4. Place of Birth, (Street and Number) No 38 Lehman St
5. Full Name of Mother, Emma Burton
6. Mother's Maiden Name, Emma Watling
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Burton
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1893000 2010

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: William Valentine Kohlhepp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 June
4. Place of Birth, (Street and Number) 1504 N Regester St
5. Full Name of Mother, Annie Kohlhepp
6. Mother's Maiden Name, Sheidt
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Kohlhepp
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary B Gilroy

Address, 302 E Lexington St

Remarks,

1893000 2011

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 48134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 16 1893
4. *Place of Birth, (Street and Number)*	1143 Hanover st
5. *Full Name of Mother,*	Amelie Bilhoff
6. *Mother's Maiden Name,*	Minkelmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Bilhoff
9. *Father's Occupation*	Restaurant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Lohwasser Midwife
Address,	1032 Hanover.
Remarks,	

1893000020 12

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48135

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 16 of June. 1893.
4. Place of Birth, (Street and Number) 118 Dye Alley.
5. Full Name of Mother, Hester Cooper
6. Mother's Maiden Name, Hester St Pauls
7. Mother's Birthplace, Eastern Shore Md
8. Full Name of Father, Lilly W Cooper
9. Father's Occupation, Waiter
10. Father's Birthplace, Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return, Dr Wilkie, Myer

Address, 223 Clay St.

Remarks, 8930000 2013

Wm J C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the number, if offered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 4836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 17. 1893
4. Place of Birth, (Street and Number) 925 Mc Culloh St.
5. Full Name of Mother, Ann E. Savage
6. Mother's Maiden Name, Natke
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm. P. Savage
9. Father's Occupation Transfer Agent B & O. R. R. Brunswick, Frdk Co. Md.
10. Father's Birthplace, Kentucky

Name of Medical Attendant, or other person who makes this Return, G Lane Taneyhill

Address, 1103 Madison Avenue

Remarks, Prolonged labor after 8 mos gestation. Twins. premature rupture of one sack in traveling to Baltimore, both boys. 1st. child head presentation. 2nd breach, one hour after 2nd separate sacke two cords one placenta, two attachments. 2nd child still born.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its births who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 9. 1893.
4. *Place of Birth, (Street and Number)*	1303 Homewood Ave.
5. *Full Name of Mother,*	Margaret A. Mc Kenna
6. *Mother's Maiden Name,*	Ward
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	John J. Mc Kenna
9. *Father's Occupation*	Contractor
10. *Father's Birthplace,*	Mass.
Name of Medical Attendant, or other person who makes this Return,	G Lane Taneyhill
Address,	1103 Madison Avenue
Remarks,	

1893000 2015

Health. This schedule shall contain a list of the births which take place in the family of each householder in the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 48138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 18, 1893.

4. Place of Birth, (Street and Number) 303 N. Gilmor St.

5. Full Name of Mother, Florence Briggs

6. Mother's Maiden Name, Mclaughlin

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John Briggs

9. Father's Occupation, Painter

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. L. Monroe Gue

Address, 739 N. Fayette St.

Remarks,

8930002016

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 48239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained by the parents, the date and place of birth; and the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the full name and occupation of the parents, of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 c
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 19/93
4. *Place of Birth, (Street and Number)*	1288 Battery Ave
5. *Full Name of Mother,*	Alice Trouty
6. *Mother's Maiden Name,*	Webb
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Geo Trouty
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	E Drury Ellis M.D.
Address,	95 Lighton.
Remarks,	

8930002017

THE J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4840.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 13, 1893.
4. Place of Birth, (Street and Number) Baltimore Md 723 S Paca St
5. Full Name of Mother, Eva Jozkowski
6. Mother's Maiden Name, Eva Wiepreckt.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Sigmund Jozkowski
9. Father's Occupation, Shoe-maker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kraning

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well.

1893 0002018

THE J. D. ENSIGN CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 48141.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	June 18th
4. *Place of Birth, (Street and Number)*	305 Hilton st.
5. *Full Name of Mother,*	Louis Jane Hammond.
6. *Mother's Maiden Name,*	Louis Jane Stanley
7. *Mother's Birthplace,*	Montgomery Co. Md.
8. *Full Name of Father,*	Lavington Hammond.
9. *Father's Occupation,*	Teamster.
10. *Father's Birthplace,*	Frederick Co. Md.
Name of Medical Attendant, or other person who makes this Return.	F. C. Link M.D.
Address,	#304 Riggs Ave.
Remarks,	

8930002019

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children 4th

1. Sex, (state whether male or female) Colored Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 19th 1893

4. Place of Birth, (Street and Number) Baltimore Md 1617 Ashland Ave

5. Full Name of Mother, Virginia Howard

6. Mother's Maiden Name, Virginia Thomas

7. Mother's Birthplace, Prince George Co. Md.

8. Full Name of Father, William H. Howard

9. Father's Occupation Janitor

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Pattison

Address, 401 Lewis St.

Remarks, Doing well as can be expected

1893000 2020

said schedule shall be delivered, duly signed by the practitioner in the case of a confinement attended by such practitioner, and in all other cases by the father or mother of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 14843.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 20 1893.
4. *Place of Birth, (Street and Number)*	1001 Linden Ave.
5. *Full Name of Mother,*	Catherine Kohlhepp
6. *Mother's Maiden Name,*	" Vondran
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Anton Kohlhepp
9. *Father's Occupation*	Tinner & Roofer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	G. Lane Taneyhill
Address,	1103 Madison Avenue
Remarks,	Delivered by Dr. E. C. Price in temporary absence of Dr. Taneyhill

B. 893000 2021

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 21. 1893.
4. *Place of Birth, (Street and Number)* Waters Court.
5. *Full Name of Mother,* Susan Stevenson
6. *Mother's Maiden Name,* Susan Baker
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* Geo Stevenson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* North Hampton East Shore

Name of Medical Attendant, or other person who makes this Return, Nannie Mason

Address, 537 walnut alley

Remarks,

1893 0 0 0 4 0 2 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. #4940.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 5th 1893
4. *Place of Birth (Street and Number),* 2437 Mad. Ave
5. *Full Name of Mother,* Alice C. Biggs
6. *Mother's Maiden Name,* " " Bitto
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Robert. Biggs
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. H G Prentiss.

Address, 809 Gouuch.

Remarks,

1893000?023

...shall be the duty of the attending physician or midwife, or in case there be no physician or midwife in attendance upon the mother, then the duty of the father, householder or other person present at the birth, to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and as much sooner as the same can be ascertained the full name of each child, (if any shall have been named,) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 14846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 6th 1893
4. Place of Birth (Street and Number), 2451 York Rd
5. Full Name of Mother, Maggie C Clendorf
6. Mother's Maiden Name, " " Smith
7. Mother's Birthplace, Maryland
8. Full Name of Father, Theo. Clendorf
9. Father's Occupation, Foreman Hair Factory
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. H G Prentiss

Address, 809 Gorsuch Ave

Remarks,

18930002024

and shall set forth as far as the same can be ascertained the full name and place of birth; and the said schedule thereof, its sex, color, the full name and occupation of its parents, the date and place of their marriage, and the number of children born to the present mother, the date

A 1814

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh and Eighth

1. Sex, (state whether male or female) Males

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 7 1893

4. Place of Birth, (Street and Number) 1131 N. Woodyear St.

5. Full Name of Mother, Eliz[illegible] Catherine Clancy

6. Mother's Maiden Name, Eliza Catherine Watts

7. Mother's Birthplace, Anne Arundel Co. Md.

8. Full Name of Father, James Albert Clancy

9. Father's Occupation, Truck Farmer

10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. C. Shannon M.D.

Address, 1442 Hoffman St.

Remarks,

1893 0 0 0 2 0 2 5

RM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This blank must be filled out as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 18748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 8th 893
4. *Place of Birth (Street and Number),* 603 Madison St. Annex
5. *Full Name of Mother,* Lillie M. Spence
6. *Mother's Maiden Name,* " " Folke
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Harry W. Spence
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Dr G. Prentiss Mudd

Address, 809 Gorsuch Ave

Remarks,

8930002026

...and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule formed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, 10th June 1893
4. Place of Birth, (Street and Number) 1131 Clarkson al
5. Full Name of Mother, Adelain Thomas
6. Mother's Maiden Name, a Mazey
7. Mother's Birthplace, Chesapeak city Md
8. Full Name of Father, Nathanial Thomas
9. Father's Occupation Oyster Shucker
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. Caroline Moore

Address, 49 N. West st Balto

Remarks,

1893000027

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 48150.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the physician or practitioner of midwifery, of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Brown Skin
3. *Date of Birth,*	June 4th 1893
4. *Place of Birth, (Street and Number)*	Durham st 722.
5. *Full Name of Mother,*	Ella Wilson Thompson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	St Mary County
8. *Full Name of Father,*	John Adam Wilson
9. *Father's Occupation,*	Porter in Store
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Annie Faust
Address,	715 N Durham st
Remarks,	Midwife

1893000021028

PRS. J. S. GALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 4851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 15 93

4. Place of Birth, (Street and Number) 1133 Gorsuch

5. Full Name of Mother, Mrs Bridget Kelly

6. Mother's Maiden Name, Bridget Kempsey

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Kempsey

9. Father's Occupation, Lyster

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Thos O'Connor

Address, 1112 Hanover St

Remarks,

1893 0002029

Wm J C Dulany Co., City Printers and Stationers.

Rule: and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) ~~Male~~ Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15
4. Place of Birth, (Street and Number) Pikesville
5. Full Name of Mother, Mary A Martin
6. Mother's Maiden Name, Mary A Sutton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Ino Martin
9. Father's Occupation Farmer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno L Franklin

Address, 2859 N Fulton Ave Balt City

Remarks,

1893000020300

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. ... of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

4853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 16th 11 1893
4. *Place of Birth, (Street and Number)*	711 E. Pratt st.
5. *Full Name of Mother,*	Elizabeth Jeffries Litz
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harry Jeffries
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	3 Rivers Canada
Name of Medical Attendant, or other person who makes this Return.	Mrs Kate A Geigley
Address,	
Remarks,	509 N. Fremont Ave

1893000 031

Register of Births. This schedule shall contain a list of the births which have occurred in each district during each week; and any shall have been omitted from any previous return, the name of each child, if any shall have been given, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, and the said schedule shall contain the name, residence and occupation of its parents, if ascertainable, between the first and last month, and shall state its sex, color, the full name and occupation in the form of the practitioner in the case the birth of any child has been conferred, duly signed by the practitioner in attendance, or in case no other person is in said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, of the person above required, third day of each and every month to the office of the Commissioner of Health. In the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person above required, child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 24852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8"
1. *Sex, (state whether male or female)*	Mah
2. *Race or Color, (if not of the white race)*	Wht
3. *Date of Birth,*	Jun 17 1893
4. *Place of Birth, (Street and Number)*	338 Huntingdon av.
5. *Full Name of Mother,*	Josephine Dunn
6. *Mother's Maiden Name,*	" Murphy
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Wm M. Dunn
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	R. W. Mansfield M.D
Address,	129 S Broadway
Remarks,	

1893000032

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14815.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th
4. Place of Birth, (Street and Number) 1216 Bayard st Baltimore
5. Full Name of Mother, Elizabeth James
6. Mother's Maiden Name, James
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Groth
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Susan Walters

Address, 1218 Bayard st

Remarks,

1893 0 0 0 7 0 3 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, with other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 4896.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth, June 17th 1893
4. Place of Birth, (Street and Number) 224 Wayne st
5. Full Name of Mother, Sarah Miller
6. Mother's Maiden Name,
7. Mother's Birthplace, Westmoreland County Va
8. Full Name of Father, David Miller
9. Father's Occupation Laborer
10. Father's Birthplace, Westmoreland County Va

Name of Medical Attendant, or other person who makes this Return Caroline Moore

Address, 49 N. West st Balto

Remarks,

1893000 2034

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 1/85

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 17/93
4. *Place of Birth (Street and Number)*	843 Leadenhall St.
5. *Full Name of Mother*	Katie Burns
6. *Mother's Maiden Name*	Katie Anderson
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	John W. Burns
9. *Father's Occupation*	Seaman
10. *Father's Birthplace*	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return.	E. Michaux M.D.
Address	826 Sharp St.
Remarks	

1893 0002035

RETURN OF A BIRTH. A 48158.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First-Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 18 1893
4. *Place of Birth, (Street and Number)*	123 N. Exeter St.
5. *Full Name of Mother,*	Virginia Belbin
6. *Mother's Maiden Name,*	" Monahan
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Wm Belbin
9. *Father's Occupation*	Upholsterer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	R. W. Mansfield M. D.
Address,	129 S Broadway
Remarks,	

1893000 2036

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred;) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

48159.

RETURN OF A BIRTH.

GIVEN NAME ADDED, 12-19-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry McElderry

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 + 4 (Twins)

1. Sex, (state whether male or female) Both males.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18/93.
4. Place of Birth, (Street and Number) 1911 W. 21st Street.
5. Full Name of Mother, Lizzie Bradford McElderry
6. Mother's Maiden Name, Bradford
7. Mother's Birthplace, Balto Co. Md
8. Full Name of Father, Thomas McElderry
9. Father's Occupation. Secretary
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Thomas Opie M.D.

Address, 600 N Howard St.

Remarks,

1893 0 0 0 1 0 5 7

This schedule shall contain a list of the births which have occurred under the observation of each physician or midwife during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter to report the particulars of such birth to the Commissioner of Health, in the manner and with the form of a certificate hereinafter prescribed, to be rendered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. GILMAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 48160.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 20th 1893
4. Place of Birth, (Street and Number) 434 Lt. Monument St.
5. Full Name of Mother,
6. Mother's Maiden Name, Eliza Green
7. Mother's Birthplace, Essex Co. Va.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, No 1024 Park Ave

Remarks, 1893000 2038

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 4861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 20th 1893
4. Place of Birth, (Street and Number) No 663 George St
5. Full Name of Mother, Bellie Heuton
6. Mother's Maiden Name, Friend
7. Mother's Birthplace, Burkeville Va
8. Full Name of Father, William Heuton
9. Father's Occupation, Waiter
10. Father's Birthplace, Williamsburg Va

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park ave

Remarks, 18930002039

300 J. C. BULLARY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 48167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 20 of June 1893
4. Place of Birth, (Street and Number) 108 N. Bellington Ave
5. Full Name of Mother, Mary Sinclair
6. Mother's Maiden Name, Roth.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Peter Sinclair
9. Father's Occupation, Cabinet wood dealer.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Wm L Gue

Address, 1707 E. Monument st

Remarks,

1893000 7040

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48163.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 21
4. *Place of Birth, (Street and Number)*	1913 Pennsylvania Ave
5. *Full Name of Mother,*	Emma Michael
6. *Mother's Maiden Name,*	" Mahn
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles F. Michael
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie MD
Address,	600 N. Howard St
Remarks,	

: 8 9 3 0 0 0 2 0 4 1

Health. This schedule shall contain a list of the births which have occurred under the care of the undersigned during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. No. 48164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

June 22d 1893.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto June 21. 1893
4. Place of Birth, (Street and Number) 1709 Eastern Ave
5. Full Name of Mother, Lizzie Gerstenmeyer.
6. Mother's Maiden Name, Lizzie Repp.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Henry Gerstenmeyer.
9. Father's Occupation, Confectionary.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Amend

Address, 410. S. Wolfe st.

Remarks, H

1893 0002042

This schedule shall contain a list of the births which have occurred under the care of any shall have been conferred; its sex, color, the full name and occupation in the form of a certificate between of any child said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any be in third day of each and every month to the office of the Commissioner of midwifery, or should no other person of such shall occur without the attendance of a physician or practitioner it shall become and within the period above required, and attendance upon the mother. Commissioner of Health, in the manner and the provisions of this section shall be enforced child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be enforced any such person or persons who shall hereafter fail to comply with the provisions of this section shall be enforced jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 48165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22
4. Place of Birth, (Street and Number) 1863 N. Fulton Ave
5. Full Name of Mother, Mary R. Shepherd
6. Mother's Maiden Name, Mary R. Gosnell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Shepherd
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. Faulstich

Address, 1847 N. Fulton Avenue City

Remarks,

1893000 2043

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 48166.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	June 22 1893
4. *Place of Birth, (Street and Number)*	716 Jordan St
5. *Full Name of Mother,*	Ellen Young
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	west river Anearndel Co
8. *Full Name of Father,*	Benjamin Dutton
9. *Father's Occupation,*	Rod Carrier
10. *Father's Birthplace,*	Carrol County
Name of Medical Attendant, or other person who makes this Return.	Luby Cornish
Address,	258 Low alley
Remarks,	

1893000 2044

Failure to make this Return, and shall enter the same on a blank Schedule to be furnished by the Commissioner of Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the forenoon of the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

4816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth June 22d
4. Place of Birth, (Street and Number) 1704 Druid Hill Ave
5. Full Name of Mother, Mary Savage Johnson
6. Mother's Maiden Name, " Savage
7. Mother's Birthplace, md
8. Full Name of Father, W. Haskell Johnson
9. Father's Occupation, Clerk
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. Dr W. P. Morgan

Address, 313 W Monument

Remarks,

1893 0 0 9 1 0 4 5

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 48168.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22nd 1893
4. Place of Birth, (Street and Number) 1536 Light St
5. Full Name of Mother, Mary Baynes
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Fredrick Baynes
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Ellenora A. anderson

Address, 1434 Patapsco St

Remarks,

8930002046

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 23rd 1893
4. *Place of Birth, (Street and Number)*	919 First Ave
5. *Full Name of Mother,*	Eliza J. Scott.
6. *Mother's Maiden Name,*	" Shipley
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Wm J. Scott.
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Gunneman
Address,	Hampden
Remarks,	

1893 00 02047

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48170.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 24th 1893
4. Place of Birth, (Street and Number) 27 E. Hamilton St
5. Full Name of Mother, Fannie Stewart
6. Mother's Maiden Name, " Newman
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Charles Stewart
9. Father's Occupation, Laborer
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Dark Ave

Remarks, 1893000 2048

Wm. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-15--55-- A-148171

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Julia ~~White~~ ?

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3?

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 24 '93
4. Place of Birth, (Street and Number) 748 Gay St
5. Full Name of Mother, Maggie White
6. Mother's Maiden Name, Scott
7. Mother's Birthplace, Balt. Co
8. Full Name of Father, Chas. S. White
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Attending

Address, 1018 Madison

Remarks,

I 8 7 3 0 0 0 2 0 4 9

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 48772

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 24 1893
4. Place of Birth, (Street and Number) 1416 Patterson Ave.
5. Full Name of Mother, Susan Bosley.
6. Mother's Maiden Name, Susan Keen
7. Mother's Birthplace, Howard County
8. Full Name of Father, W. E. Bosley.
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, C. G. Keefer M.D.

Address, 1329 N. Gilmor St

Remarks,

1893 0 0 0 1 0 5 0

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 18173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd) Second.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 24. 1893
4. *Place of Birth (Street and Number),* 1839 Asquith Street
5. *Full Name of Mother,* Laura Hammer
6. *Mother's Maiden Name,* Laura Waston
7. *Mother's Birthplace,* Matthews County Virginia
8. *Full Name of Father,* Walter Hammer
9. *Father's Occupation,* Express man
10. *Father's Birthplace,* Clear Spring Washington County Maryland

Name of Medical Attendant, or other person who makes this Return. J. C. Hammer

Address, 212 N. Franklin St

Remarks,

18930002051

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 25 1893
4. *Place of Birth, (Street and Number)* 14 N Collington Ave
5. *Full Name of Mother,* Minnie C Taylor
6. *Mother's Maiden Name,* " " Hassani
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm H Taylor
9. *Father's Occupation,* Packer
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

B 9 3 0 0 0 2 9 5 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter, fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. SULLANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-24-57

RETURN OF A BIRTH.

4817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Maud Matthews

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 2nd 1893
4. Place of Birth, (Street and Number) 1924 Etting St
5. Full Name of Mother, Mrs Anna Virginia Matthews
6. Mother's Maiden Name, " " Anderson
7. Mother's Birthplace, Anne Arundel County
8. Full Name of Father, Henry Matthews
9. Father's Occupation Waiter
10. Father's Birthplace, Anne Arundel Co
- Name of Medical Attendant, or other person who makes this Return, Sarah E Wells
- Address, 2206 Etting St
- Remarks, 1893 0002053

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 2, 1893.
4. Place of Birth, (Street and Number) No. 810 Somerset st.
5. Full Name of Mother, Mary E. Jenkins.
6. Mother's Maiden Name, Mary E. Ford.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles L. Jenkins.
9. Father's Occupation, Butcher.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Aug. A. Colwell, M.D.

Address, 1241 Harford ave

Remarks,

18930002054

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 21
4. *Place of Birth, (Street and Number)*	No. 207 N. Augusta St
5. *Full Name of Mother,*	Maggie L. Shedlecar
6. *Mother's Maiden Name,*	Creamer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo. Shedlecar
9. *Father's Occupation*	Tin Smith
10. *Father's Birthplace,*	Harford County, Md
Name of Medical Attendant, or other person who makes this Return,	Wm. Bange
Address,	711 Cross St.
Remarks,	

1893000 2055

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48178.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6: 93
4. Place of Birth, (Street and Number) 1035 E. Baltimore St
5. Full Name of Mother, Mary A. Schley
6. Mother's Maiden Name, " " Jones
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Schley
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. D. E. Williams

Address, 1128 Cathedral St

Remarks, Child from Fraser

4 2 3 0 0 0 2 0 5 6

GEO. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

Health. The Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner And within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 48179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 6th. 1893
4. Place of Birth, (Street and Number)	1214 Homewood Ave
5. Full Name of Mother,	Mary Krout.
6. Mother's Maiden Name,	Mary Traguer,
7. Mother's Birthplace,	Baltimore, Md.
8. Full Name of Father,	W. J. Krout
9. Father's Occupation,	Vial Butcher.
10. Father's Birthplace,	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M.D
Address,	S. W. Cor. Calvert & Preston Sts.
Remarks,	1893000 20057

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of said City, or should no other person of such shall occur without the attendance of a physician or practitioner of said city of the person or parents of, and attendance upon birth to the Commissioner of Health, in the manner and provisions of this section shall be able. Child to report its birth to the Commissioner of fail to comply with the provisions of this section shall be recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be recoverable. jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 June
4. *Place of Birth, (Street and Number)* Baltimore 1007 E. Sharp St.
5. *Full Name of Mother,* Katie Schwemmer
6. *Mother's Maiden Name,* Katie Waldeck
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Schwemmer
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bauer

Address, 714 Eden Street

Remarks,

1893000 2058

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 48181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th 1898
4. Place of Birth, (Street and Number) 1401 Harlem Avenue
5. Full Name of Mother, Mary J Funks
6. Mother's Maiden Name, Mary J Jones
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Paul Funks
9. Father's Occupation, Civil Engineer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J P S. Fuller M.D

Address, 642 N Fulton Ave

Remarks,

1893000 1059

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered, the full name and occupation of its parents, the date and place of birth, and the sex, color, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time this section shall be complied with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 48182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th,
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White,
3. *Date of Birth,*	June 10th - 1893
4. *Place of Birth, (Street and Number)*	1329 Greenmount Ave
5. *Full Name of Mother,*	Lillie Everiet.
6. *Mother's Maiden Name,*	Lillie Fox
7. *Mother's Birthplace,*	Balt. Md.
8. *Full Name of Father,*	John M. Everiet,
9. *Father's Occupation,*	Barrel Dealer
10. *Father's Birthplace,*	Baltimore. Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton, M.D.
Address,	S.W. Cor. Calvert & Preston Sts.
Remarks,	1893 U 0002060

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4983.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th of June
4. Place of Birth, (Street and Number) Baltimore 6 So Hamburg St
5. Full Name of Mother, Sophia Penner
6. Mother's Maiden Name, Elizabeth Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Theo Penner
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm Burge

Address, 111 Lexington St.

Remarks.

1893000206 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48,82

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12th/23
4. Place of Birth, (Street and Number) 1210 E Fayette St
5. Full Name of Mother, Rosalie Antonette Haggerty
6. Mother's Maiden Name, " " Collier
7. Mother's Birthplace, Albemarle Co Va
8. Full Name of Father, James William Haggerty
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, ST Rosdor jr M.D.

Address, 1904 E Fayette St.

Remarks,

8 9 3 0 0 0 3 0 6 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 4-16-58

RETURN OF A BIRTH. A 4878

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th. Child
1. Sex, (state whether male or female)	Boy.
2. Race or Color, (if not of the white race)	White;
3. Date of Birth,	June 13th 1893
4. Place of Birth, (Street and Number)	307 Ensor St.
5. Full Name of Mother,	Bertie Hoffs.
6. Mother's Maiden Name,	Bertie Irwin.
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Jos. Hoffs
9. Father's Occupation,	Superintendent of Central R.R. Co.
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D
Address,	S.W. Cor. Calvert & Preston Sts
Remarks,	

1893 0 0 0 2 0 6 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 48186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14: 93
4. Place of Birth, (Street and Number) 1818 N. Charles St
5. Full Name of Mother, Carrie Peter
6. Mother's Maiden Name, " Preston
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Reginald St. Peter
9. Father's Occupation,
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. D. C. Williams

Address, 1128 Cathedral St

Remarks,

H 9 3 0 0 0 2 0 6 4

GEO. W. O. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 14/93
4. *Place of Birth, (Street and Number)*	210 Norris alley
5. *Full Name of Mother,*	Catherine Buppert
6. *Mother's Maiden Name,*	Catherine Klohr
7. *Mother's Birthplace,*	Randalstown Balto Co.
8. *Full Name of Father,*	Wm Henry Buppert
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Hebbville Balto Co,
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	W Lorus St
Remarks,	

1893000 2065

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 14th 1893
4. *Place of Birth, (Street and Number)*	1212 Homewood Ave
5. *Full Name of Mother,*	Ellen Russell
6. *Mother's Maiden Name,*	Ellen Burk
7. *Mother's Birthplace,*	Balt. Md.
8. *Full Name of Father,*	Wm D. Russell
9. *Father's Occupation,*	Electrician,
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D
Address,	S. W. Cor. Calvert & Preston Sts
Remarks,	

8930002066

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 4889

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	June 15th. 1893
4. Place of Birth, (Street and Number)	1631 N. Spring St.
5. Full Name of Mother,	Eva Ansbacher.
6. Mother's Maiden Name,	Eva Trump.
7. Mother's Birthplace,	Pennsylvania.
8. Full Name of Father,	Elmer E. Ansbacher
9. Father's Occupation,	Brakeman N. C. R. R.
10. Father's Birthplace,	Pennsylvania.
Name of Medical Attendant, or other person who makes this Return.	Wilmer Brinton, M.D.
Address,	S. W. cor. Calvert & Preston Sts.
Remarks,	

8930002067

The Registrar shall cause a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 48190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 the.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White,
3. *Date of Birth,*	June 15
4. *Place of Birth, (Street and Number)*	311 Ringold St.
5. *Full Name of Mother,*	Loise Grimes.
6. *Mother's Maiden Name,*	Loise Fore
7. *Mother's Birthplace,*	Biedenkopf. Germany
8. *Full Name of Father,*	H. Isaac Grimes
9. *Father's Occupation*	Cabinetmaker.
10. *Father's Birthplace,*	Memel Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Beasley
Address,	1 Green Alley E
Remarks,	8930002068

This blank shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate before the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and it shall be the duty of the Commissioner of Health, in the manner and under the provisions of this section shall be liable. child to report its birth to the Commissioner of Health hereafter fail to comply with the provisions of this section shall be liable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-14-58

RETURN OF A BIRTH. A 48191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Arthur ——— Alt 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th June 1893
4. Place of Birth, (Street and Number) 739 Columbia Ave
5. Full Name of Mother, Edith L. Alt
6. Mother's Maiden Name, E. L. Chamberlain
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John P. Alt
9. Father's Occupation Produce Dealer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Wm. Paige.

Address, 111 Lee St.

Remarks,

1 8 9 3 0 0 0 2 0 6 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 18192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1893 0002070

Wm J C Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48193.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	16 June
4. Place of Birth, (Street and Number)	1425 Cooksie st. Balto
5. Full Name of Mother,	Wife Elisabeth Schmidt
6. Mother's Maiden Name,	" Schmidt
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Johann Müller
9. Father's Occupation,	Laboer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Katherine Mahon
Address,	Boerso Place st. 1331 Locus Point
Remarks,	

8930002071

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 June
4. Place of Birth, (Street and Number) 1247 Washington ave.
5. Full Name of Mother, Louise Amanda Wenz
6. Mother's Maiden Name, " " Reiner
7. Mother's Birthplace, Marienburg Germania
8. Full Name of Father, John Wenz
9. Father's Occupation Laborer
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Geo. Gaugle

Address, 711 Lenox Street

Remarks,

1893000 2072

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

D 4895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule must contain a list of the births which have occurred under the care of the practitioner during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 17th 1893
4. *Place of Birth (Street and Number),* 27 St Anne Ave. Annex
5. *Full Name of Mother,* Alice D Higgins
6. *Mother's Maiden Name,* " " Flanery
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* James Higgins
9. *Father's Occupation,* Contractor
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. A G Prentiss M.D.

Address, 819 Gorsuch Ave.

Remarks,

18930002073

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* June 17th 1895
4. *Place of Birth,* (Street and Number) 2001 Eutaw Place
5. *Full Name of Mother,* Rachel Cohen
6. *Mother's Maiden Name,* " Lauer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benson Cohen
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, W. R. McClenen

Address, 1401 Linden ave

Remarks,

8930002074

(month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 47997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17 1893.
4. Place of Birth, (Street and Number) No 116 Harford ave e/s
5. Full Name of Mother, Maria Bohnert.
6. Mother's Maiden Name, Maria Knapwien
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Peter Bohnert.
9. Father's Occupation Driver.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Aug. H. Edwell, M.D.

Address, 1741 Harford ave.

Remarks,

1 8 9 3 0 0 0 2 0 7 5

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of not less than dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 48198.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male,
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 17th 1873
4. *Place of Birth, (Street and Number)* 11 S. Fremont St.
5. *Full Name of Mother,* Sarah Shanks.
6. *Mother's Maiden Name,* Sarah Wise.
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* George D. Shanks
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 S Fayette St

Remarks, 1893000 2076

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, with to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner thereafter fail to comply with the provisions of this section shall be any such person or persons who shall be guilty of each offence, to be recovered as other fines and forfeitures are recoverable. subject to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH A 48199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18th 1898.
4. *Place of Birth, (Street and Number)* 2202 Eastern Ave.
5. *Full Name of Mother,* Mary Gill
6. *Mother's Maiden Name,* Mary Black
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Noah Gill
9. *Father's Occupation* Fruit Dealer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah Knowles

Address, 212 N Patterson Park Ave

Remarks,

1893000207

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 48700.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	1st
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	June 11th 93.
4. *Place of Birth,* (*Street and Number*)	842 Bond St.
5. *Full Name of Mother,*	Hattie Levy
6. *Mother's Maiden Name,*	" Libe
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Charles Levy
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Dr. L. Friedenwald
Address,	408 E. Pacca St.
Remarks,	

1893 0002078

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	18th of June
4. Place of Birth, (Street and Number)	645 Wilkens St
5. Full Name of Mother,	Theodosia E. Lapp
6. Mother's Maiden Name,	Theodosia E. La Bauer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles B. Lapp
9. Father's Occupation	Car Inspector
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Bauer
Address,	111 Carey St.
Remarks,	1893000 2079

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner provided in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Whit
3. Date of Birth, June the 1. 18.93
4. Place of Birth, (Street and Number) McTuneg st 1833
5. Full Name of Mother, Minnie Knapp
6. Mother's Maiden Name, Minnie Schafer
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Albert J Knapp
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, 1222 Williams Ave

Remarks,

893000 1080

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. # 8763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 1st of January 92

4. *Place of Birth, (Street and Number)* 210 Wilhelm St

5. *Full Name of Mother,* Louise Baumer

6. *Mother's Maiden Name,* Louise Rosenfeld

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Wilhelm Baumer

9. *Father's Occupation* Blacksmith

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Frederike Kessler Midwife

Address, 214 West Pratt.

Remarks,

1893 0002081

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 18704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, July 1st. 1893
4. Place of Birth (Street and Number), 432 S. Pat. Park Avenue
5. Full Name of Mother, Catherine Shreckenstein
6. Mother's Maiden Name, E Bonnie
7. Mother's Birthplace, Balto City
8. Full Name of Father, Horace Shreckenstein
9. Father's Occupation, Clerk
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. James E Donnelly M.D.

Address, 1701 Baltimore St East

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been previously born,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

1893000 2082

RETURN OF A BIRTH. A 4870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of child of Mother, (state whether 1st, 2d, 3d, &c.) 3—

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) W

3. Date of Birth, July 1-93

4. Place of Birth, (Street and Number) 1109 N. Carlton Av

5. Full Name of Mother, Nannie Alvey

6. Mother's Maiden Name, Rennekin

7. Mother's Birthplace, Md

8. Full Name of Father, J C Alvey

9. Father's Occupation Farmer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return Jno Miller

Address, 1207 E Monument St

Remarks,

8930002083

Wm. J. C. Dulany Co., City Printers and

Persons required by law to report births shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 48706

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 2, 1893.
4. *Place of Birth, (Street and Number)*	274 Robert ave.
5. *Full Name of Mother,*	Emily Frances Wood.
6. *Mother's Maiden Name,*	Holt.
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	Chas. Henry Wood.
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

1893 00002084

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 Feb Sunday 93
4. Place of Birth, (Street and Number) 922 Lexington St
5. Full Name of Mother, Martha Weber
6. Mother's Maiden Name, Martha Hengler
7. Mother's Birthplace, Balto
8. Full Name of Father, John Hengler
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 216 W. Pratt

Remarks,

8930002085

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 3rd 1893
4. *Place of Birth, (Street and Number)*	1302 William St
5. *Full Name of Mother,*	Mary A. Galvin
6. *Mother's Maiden Name,*	McMahon
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Jno P. Galvin
9. *Father's Occupation,*	Real Estate
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	R. C. Lee
Address,	Hanover St. Co Balto
Remarks,	

1893000020865

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 45709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3rd of January 92
4. *Place of Birth, (Street and Number)*	306 Dorset St
5. *Full Name of Mother,*	Rosa Bayer
6. *Mother's Maiden Name,*	Rosa Lehmuth
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Bayer
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Priscilla Keales Midwife
Address,	216 W Pratt
Remarks,	

1893 0002087

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 48110.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3. 1893
4. Place of Birth, (Street and Number) 2842 Penn. Ave
5. Full Name of Mother, Mary E. Amos.
6. Mother's Maiden Name, Mary E. Fillinger
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, William J. Amos.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. James C. Clarke M.D.

Address, 1025 Madison Ave

Remarks,

8930002088

The Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 48711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 11th 3 1893
4. *Place of Birth, (Street and Number)*	Perkins st No 127
5. *Full Name of Mother,*	Caroline Tierney
6. *Mother's Maiden Name,*	Caroline Winkle
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert Tierney
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelly
Address,	No 1929 Wilkins Ave
Remarks,	

8 9 3 0 0 0 2 0 8 9

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 48772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Colyle.
3. *Date of Birth,*	June 3, 1893.
4. *Place of Birth, (Street and Number)*	26 Druid ave.
5. *Full Name of Mother,*	Francis Marion Booker.
6. *Mother's Maiden Name,*	Green.
7. *Mother's Birthplace,*	Ohio.
8. *Full Name of Father,*	James W. Booker.
9. *Father's Occupation*	Wire mattress weaver.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Litchfield M.D.
Address,	291 Chestnut ave.
Remarks,	

1893 0002090

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 48713.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	4th June
4. Place of Birth, (Street and Number)	1824 N Spring st
5. Full Name of Mother,	Barbara Bodenstein
6. Mother's Maiden Name,	n Mueller
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Thomas Bodenstein
9. Father's Occupation,	Brewerman
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Broome
Address,	944 N Gay st
Remarks,	

8 9 3 0 0 0 2 0 9 1

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 5, 1893.
4. Place of Birth, (Street and Number) 553 Hemmingway ave.
5. Full Name of Mother, Jennie Secretia Ermann
6. Mother's Maiden Name, Coman.
7. Mother's Birthplace, Md.
8. Full Name of Father, Chas. Rudolph Ermann.
9. Father's Occupation Coach painter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 29, Chadwick ave.

Remarks,

1893000 2092

Wm. J. C. Dulany Co., City Printers and Stationers

The Registrar of Vital Statistics shall keep a record of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5-93
4. Place of Birth, (Street and Number) 203 Hoodyear St
5. Full Name of Mother, Mrs James Blank Clark
6. Mother's Maiden Name, " " " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Ed M Clark
9. Father's Occupation Grocer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Ellenbogen M.D.

Address, Union Square

Remarks, Instrumental

+ 8 9 3 0 0 0 2 0 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 4896.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 6 1922
4. *Place of Birth, (Street and Number)*	1111 Wilhelm Ave 1st
5. *Full Name of Mother,*	Mary Hamburg
6. *Mother's Maiden Name,*	Mary Grunewald
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Theodore Hamburg
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs S Bailey
Address,	1st 1922 Wilkins Ave
Remarks,	

8930002094

Wm. J. C. Dulany Co., City Printers and Stationers.

aww

A 48777

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Carrie Elenore Bouceein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th 1893
4. Place of Birth, (Street and Number) 631 W. Lexington St
5. Full Name of Mother, Louise Bouceein
6. Mother's Maiden Name, " " " Bersch
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Bouceein
9. Father's Occupation. Watchmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm Goodhal, M.D.

Address, 128 W. Lee St

Remarks,

1893000020995

...the name can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...month, and shall set forth as far as the name can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SEE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 48718.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June the 7 - 18 93
4. *Place of Birth, (Street and Number)*	Lemmon st No 869
5. *Full Name of Mother,*	Ellen Dee
6. *Mother's Maiden Name,*	Ellen Enright
7. *Mother's Birthplace,*	ireland
8. *Full Name of Father,*	John Dee
9. *Father's Occupation*	iron Moulder
10. *Father's Birthplace,*	ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 1922 Wilkins Ave
Remarks,	

8 9 3 0 0 0 2 0 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4819.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th May 93
4. *Place of Birth, (Street and Number)*	2121 Christian St.
5. *Full Name of Mother,*	Anna Schreiber
6. *Mother's Maiden Name,*	Anna Bessiske
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Louis Schreiber
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Frederike Keuler Midwife
Address,	216 W. Pratt
Remarks,	

1893 0002097

Wm. J. C. Dulany Co., City Printers and Stationers

A 48770.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wensday June 7th 1893
4. Place of Birth, (Street and Number) No 815 Hanover st City
5. Full Name of Mother, Mary E. Caswell
6. Mother's Maiden Name, Mary E. Wagner
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John J. Caswell
9. Father's Occupation Gripman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs. Munich

Address, 511 Leadenhall St

Remarks, 18930002098

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 48771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth after as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8
4. Place of Birth, (Street and Number) Penna Ave East Hoffs Lane
5. Full Name of Mother, Kate Brate
6. Mother's Maiden Name, Kate Brate
7. Mother's Birthplace, Kurhessen Germany
8. Full Name of Father, Jeorge Brate
9. Father's Occupation Farmer
10. Father's Birthplace, Kurhessen Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Stockney

Address, Cumberland St City

Remarks, Mrs Mary E Stockney
731 Cumberland St.

0 4 3 0 0 0 2 0 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 2 93

4. Place of Birth, (Street and Number) 1612 Mc Elderry

5. Full Name of Mother, Sarah Belle Austin

6. Mother's Maiden Name, " " Jay

7. Mother's Birthplace, Balto

8. Full Name of Father, George P. Austin

9. Father's Occupation, Collector

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allard

Address, 912 Mc Donogh St

Remarks,

1 8 9 3 0 0 0 2 1 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9th of June 93
4. *Place of Birth, (Street and Number)*	744 Frederick Road
5. *Full Name of Mother,*	Jesina Kleiss
6. *Mother's Maiden Name,*	Jesina Hoffmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Georg H. Kleiss
9. *Father's Occupation*	Bäcker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keules Midwife
Address,	216 W Pratt
Remarks,	

8930002101

month, and shall set forth safar as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 48934.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 9 1893

4. Place of Birth, (Street and Number) 410 E Lot ave

5. Full Name of Mother, Agnes Griffith

6. Mother's Maiden Name, Pardoe

7. Mother's Birthplace, Calvert Co. Md.

8. Full Name of Father, Martin G. Griffith

9. Father's Occupation Pilot

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Theodore Conte M.D.

Address, 914 N. Charles St.

Remarks,

1893000 2102

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9 1893
4. Place of Birth, (Street and Number) 1417 Battery ave
5. Full Name of Mother, Rebecca Tyler
6. Mother's Maiden Name, Heyl
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Michael Tyler
9. Father's Occupation Engineer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Theodore Cotterell M.D.

Address, 911 N. Charles St.

Remarks,

1893 0007103

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 48336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10th January 92
4. *Place of Birth, (Street and Number)*	554 Schmallwood Ave
5. *Full Name of Mother,*	Mary Stall
6. *Mother's Maiden Name,*	Mary Graft
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry F. Stall
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Friedrike Kessler Midwife
Address,	216 W. Pratt.
Remarks,	

1893 0002104

Wm. J. C. Dulany Co., City Printers and Stationers

The Mayor and City Council of Baltimore, by an ordinance approved April 19th, 1875, have made it the duty of the Board of Health to ascertain the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 48777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 10th 1893
4. *Place of Birth, (Street and Number)*	631 S Paca
5. *Full Name of Mother,*	Susan Meeks
6. *Mother's Maiden Name,*	" Woodley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas Meeks
9. *Father's Occupation,*	Upholsterer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo Rhahaun
Address,	725 Columbia ave
Remarks,	

+8930002105

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

48778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June the 11 - 1893
4. *Place of Birth, (Street and Number)*	Ramsay st No 124
5. *Full Name of Mother,*	Lizzie Daley
6. *Mother's Maiden Name,*	Lizzie Quirling
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James A Daley
9. *Father's Occupation*	Police officer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 1922 wilkins Ave
Remarks,	

893000210 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-13-55

RETURN OF A BIRTH. A 48779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Eugene Bach

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 of June - 1893
4. Place of Birth, (Street and Number) 922 S. State St.
5. Full Name of Mother, Lizzie Bach
6. Mother's Maiden Name, Lizzie Straker.
7. Mother's Birthplace, Hamburg Prussia or Germany
8. Full Name of Father, Eugene Bach.
9. Father's Occupation Baker.
10. Father's Birthplace, Wiesbach. Baden.

Name of Medical Attendant, or other person who makes this Return, Katie Allison

Address, 20 Leadenhall St

Remarks, 1893000210 7

The Physician, Midwife or other person who shall have charge of any case of birth shall report the same to the Registrar of Vital Statistics within ten days after the birth occurs, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 48700.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	June 11th. 1893.
4. *Place of Birth, (Street and Number)*	313 N Caroline alley
5. *Full Name of Mother,*	Mary Johnson
6. *Mother's Maiden Name,*	Mary Lucas
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Henry Johnson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	A. A Co. Md.
Name of Medical Attendant, or other person who makes this Return.	L. W. Slate Md
Address,	
Remarks,	

1893 06 34 [illegible]

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DALANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-5-53

RETURN OF A BIRTH A 148331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Agnes Ritter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd "
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	June 12 - 1893
4. Place of Birth, (Street and Number)	421 S. Fremont ave.
5. Full Name of Mother,	Agnes Ritter
6. Mother's Maiden Name,	Agnes Gregal
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Michael Ritter
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	Harry Boyd
Address,	674 Columbia Ave
Remarks,	1893000210 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 48737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 12 1893
4. *Place of Birth, (Street and Number)*	2134 Lancaster St.
5. *Full Name of Mother,*	Margaret Gravelee
6. *Mother's Maiden Name,*	Margaret Dunkerle
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	George Gravelee
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mary E Sweeney
Address,	824 Canton St.
Remarks,	

1893000211 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Arthur ——— Mc Greevey

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 13th June - 1893
4. Place of Birth, (Street and Number) 1002 N Gay st
5. Full Name of Mother, Mary Mc Greevy
6. Mother's Maiden Name, A. Wallis
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Mc Greevy
9. Father's Occupation, Plasterer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 944 N Gay

Remarks, GIVEN NAME ADDED 1-21-54 W.M.

+ 8 9 3 0 0 0 2 1 1 1

Wm J C. Dulany Co., City Printers and Stationers.

Every birth which occurs in the State can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 48734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 13.
4. Place of Birth, (Street and Number) 116 Randall St
5. Full Name of Mother, Katie Gake
6. Mother's Maiden Name, Tieg
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Gake
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie McGuckle

Address, 500 Leadenhall St

Remarks, 1893 0002112

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A. 4877 35

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Twin Girls — 2nd & 3d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) — Female
2. Race or Color, (if not of the white race) — White
3. Date of Birth, — June 13th 1892.
4. Place of Birth, (Street and Number) — No. 2. S. Calhoun St
5. Full Name of Mother, — Ada Cole
6. Mother's Maiden Name, — Ada Towns
7. Mother's Birthplace, — Saratoga Springs N. Y.
8. Full Name of Father, — Wm. L. Cole
9. Father's Occupation, — Carpenter
10. Father's Birthplace, — Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return. — L. W. Slater M.D.

Address, — 1623 1/2 W. Fayette St.

Remarks. — Twin Girls.

Two Reg. on one Certificate

0 6 2 1 1 3

No. 1. C. HANEY & CO., CITY PRINTERS AND STATIONERS

Physicians, midwives or other persons in attendance upon births are required to make a true return of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, to save the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 1/8/36.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 13 - 23
4. Place of Birth, (Street and Number) 443 E. Lanvale
5. Full Name of Mother, Sadie A. Brashears
6. Mother's Maiden Name, " Muir
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm C. Brashears
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 72 McDonogh St

Remarks,

8 9 3 0 0 0 2 1 1 4

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

48737.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 14, 1893.
4. *Place of Birth, (Street and Number)* 1531 N. Mount.
5. *Full Name of Mother,* Ida R. Myers
6. *Mother's Maiden Name,* Boyd.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* James H. Myers.
9. *Father's Occupation* Car-inspector.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Edgar H. Mitchell M.D.

Address, 291 Cleveland ave.

Remarks,

1893000215

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 10-26-56

RETURN OF A BIRTH

GIVEN NAME ADDED 10-11-56

A. 48738.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Gertrude Klein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) ~~Boy~~ Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 June 1893
4. Place of Birth, (Street and Number) 2026 Eager St
5. Full Name of Mother, ~~Lizzie~~ Klein, Elizabeth
6. Mother's Maiden Name, Moore
7. Mother's Birthplace, ~~Penn~~ Virginia
8. Full Name of Father, Jacob ~~Eugene~~ Klein
9. Father's Occupation —
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Kelly

Address, 928 N. Eutaw

Remarks,

8930002116

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 44709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 14
4. Place of Birth, (Street and Number) 1822 E Sharp St
5. Full Name of Mother, Anna Bertha Krumm
6. Mother's Maiden Name, Anna Bertha Halcakorn
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry J. Krumm
9. Father's Occupation, Cabinetmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall St

Remarks, 8930002117

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 48960.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14 June
4. *Place of Birth, (Street and Number)* 1823 Ensor st
5. *Full Name of Mother,* Ella Marie Jones
6. *Mother's Maiden Name,* Grunkell
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Clarence Jones
9. *Father's Occupation* plumber
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 908 N. Central Ave.

Remarks,

1893000211 8

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 4811.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14 93
4. *Place of Birth, (Street and Number)* 1717 Guilford Ave
5. *Full Name of Mother,* Annie Long
6. *Mother's Maiden Name,* Bowers
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wilson Long
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, W E B Hyland M D

Address, 1813 N Calvert St

Remarks,

1893 0002119

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 4392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 14, 1893
4. *Place of Birth, (Street and Number)* 229 Friendship St.
5. *Full Name of Mother,* Agness Roche
6. *Mother's Maiden Name,* Hart
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Thos. Roche
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return. J. L. Whitnick, M.D.

Address, 406 N Eaton st.

Remarks,

1893 0 0 0 2 1 2 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 48743.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16th of January 93
4. *Place of Birth, (Street and Number)*	2128 Calverton Road
5. *Full Name of Mother,*	Mage Stumpf
6. *Mother's Maiden Name,*	Mage Mohr
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Geo. Stumpf
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Frederika Keuler Midwife
Address,	2416 Mc Prait
Remarks,	

1893 0002121

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* June 13th 1893
4. *Place of Birth, (Street and Number)* 1st Living, Jr Hosp.
5. *Full Name of Mother,* Mary Lizzie Sukester
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* [illegible] Md.

Name of Medical Attendant, or other person who makes this Return, [illegible] Dept Health

Address,

Remarks,

1893000122

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

A 48246

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	16th June
4. Place of Birth, (Street and Number)	1606 N Durham st
5. Full Name of Mother,	Roseline Mc Coye
6. Mother's Maiden Name,	" Gehrke
7. Mother's Birthplace,	Pensylvania
8. Full Name of Father,	James E Mc Coye
9. Father's Occupation,	Railroad man
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	9441 Gay st
Remarks,	

8 9 3 0 0 0 7 1 2 3

Wm J C. Dulany Co., City Printers and Stationers.

Every child born within the City of Baltimore shall be registered, and the parent, physician, midwife, householder or other person having charge of such child shall report the birth to the Commissioner of Health within ten days after the same shall occur, and the Commissioner of Health shall cause the information required by this section to be obtained as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 16 —
4. Place of Birth, (Street and Number)	1603 Lexington St
5. Full Name of Mother,	Mrs Ruth Brown Bambrick
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Thos Bambrick
9. Father's Occupation	Salesman
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	E. E. Wright MD
Address,	Union Square
Remarks,	

1893 000212 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 48297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16 th 1893
4. Place of Birth, (Street and Number) 6 Baltimore
5. Full Name of Mother, Teresa Blair
6. Mother's Maiden Name, Teresa Morgan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry F. Morgan
9. Father's Occupation Laborer
10. Father's Birthplace, Pennsboro West Va

Name of Medical Attendant, or other person who makes this Return, Miss Ann Taylor

Address, 24 Gilfords alley Baltimore

Remarks, Col

6 9 3 0 0 0 2 1 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 48748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 16, 1893
4. *Place of Birth, (Street and Number)* 2318 Eden St
5. *Full Name of Mother,* Annie Steinbrink
6. *Mother's Maiden Name,* Annie Schrack
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Carl Steinbrink
9. *Father's Occupation* Molder
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary E. Swanson

Address, 1824 Canton Ave.

Remarks,

8930002126

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48249

CERTIFICATE CORRECTED 4-5-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~William F. Eberwein~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ~~Girl~~ Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 June - 1893
4. Place of Birth, (Street and Number) 1116 Lemmon st
5. Full Name of Mother, Sarah (~~Laura~~) Eberwein
6. Mother's Maiden Name, (~~Foster~~) Foster
7. Mother's Birthplace, Balt
8. Full Name of Father, ~~William F.~~ (~~Eberwein~~) EBERWEIN
9. Father's Occupation
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Laura Wallace

Address, 728 N. Central Ave.

Remarks,

1893000212 7

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 48750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 17 - 93
4. Place of Birth, (Street and Number) 1608 E. Lanvale
5. Full Name of Mother, Harriet A. Wagner
6. Mother's Maiden Name, Simpson
7. Mother's Birthplace, Balto
8. Full Name of Father, George J. Wagner
9. Father's Occupation, Ship Joiner
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 902 McDonogh St

Remarks,

1 8 9 3 0 0 0 2 1 2 8

Wm J C. Dulany Co., City Printers and Stationers.

The sex, color, date and place of birth of each child, of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 4875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 Home
4. *Place of Birth, (Street and Number)* 913 Cent Ave.
5. *Full Name of Mother,* Magie Schuster
6. *Mother's Maiden Name,* Weissbrod
7. *Mother's Birthplace,* Ger.
8. *Full Name of Father,* Edw J Schuster
9. *Father's Occupation* Cashier
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Annie Keller

Address, 728 N Cent Ave.

Remarks,

1893 0002129

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 48752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* June 17" 1893
4. *Place of Birth, (Street and Number)* Md Lying In Hosp.
5. *Full Name of Mother,* Martha Legrle
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Wm Lemon
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Edgar A Wilcox

Address,

Remarks, 1893000213 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A 48253.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17th 1893.
4. *Place of Birth, (Street and Number)* Md. Lying in Hospital
5. *Full Name of Mother,* Katie Hall.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Not known
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Louis Mc Eagle Wilson

Address,

Remarks, 1893000213 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the father, the date and place of birth, and the full name and occupation of the mother. Only signed by the practitioner of health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and third day of each and every month of a physician or practitioner the duty of the person or parents of such shall occur without the attendance of a physician or practitioner the duty of the person or parents required, and child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with

GEO. J. O. GULANY CO. CITY PRINTERS AND STATIONERS

A 4824

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 15 1894
4. *Place of Birth, (Street and Number)*	518 Gold Street
5. *Full Name of Mother,*	Hannie R. Braxton
6. *Mother's Maiden Name,*	Hannie R. Perry
7. *Mother's Birthplace,*	Jacksonville, Duval County
8. *Full Name of Father,*	George T. Braxton
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Sarah E. Nolan
Address,	220 6 Eutaw St
Remarks,	

1893000213 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 4 of the Act requires a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 1895.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 18th 1893
4. Place of Birth, (Street and Number) 1232 Etting St
5. Full Name of Mother, Annie Elizabeth Green
6. Mother's Maiden Name, Annie " " Gross
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frank Mc Green
9. Father's Occupation Common Laborer
10. Father's Birthplace, Simcoe Canada West - Ont.

Name of Medical Attendant, or other person who makes this Return, Sarah E. Hall

Address, 1206 Etting St

Remarks, 1893000213

Wm. J. C. Dulany Co. City Printers and Stationers

The child must be registered at the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after birth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner at said delivery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 48736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, June 18, 1890.
4. Place of Birth, (Street and Number) 526 Fifth-ave.
5. Full Name of Mother, Elizabeth Hunt Child.
6. Mother's Maiden Name, Abell.
7. Mother's Birthplace, Md.
8. Full Name of Father, Thomas Pratt Childs.
9. Father's Occupation Railroader
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 791 Cherlemt ave

Remarks,

1893 0002134

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth so far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 16, 1898.
4. Place of Birth, (Street and Number) 710 Roland ave.
5. Full Name of Mother, Catherine Cecilia Roach.
6. Mother's Maiden Name, Carroll.
7. Mother's Birthplace, Md.
8. Full Name of Father, Cornelius M. Roach.
9. Father's Occupation Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Cleveland ave.

Remarks,

B 9 3 0 0 0 2 1 3 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 48758.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18 th 1895
4. *Place of Birth, (Street and Number)* Baltimore
5. *Full Name of Mother,* Lizzie Mooney
6. *Mother's Maiden Name,* Lizzie Gallagher
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* John Gallagher
9. *Father's Occupation* Digger
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Miss Ann Taylor

Address, 41. Gulfords Alley Baltimore Md

Remarks,

8 9 3 0 0 0 2 1 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar of Vital Statistics will receive the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A-18954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 18th 1893
4. *Place of Birth, (Street and Number)*	1207 W. Cross St.
5. *Full Name of Mother,*	Mary E. Kelliher
6. *Mother's Maiden Name,*	Gentner
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	David J. Kelliher
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	E. L. Saree M. D.
Address,	130 Columbia ave
Remarks,	

1-8 9 3 0 0 0 2 1 3 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48760.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 18 - 93
4. Place of Birth, (Street and Number) 1608 N. Eldorey
5. Full Name of Mother, Josephine Maginnity
6. Mother's Maiden Name, " Fan
7. Mother's Birthplace, Balto
8. Full Name of Father, John J. Maginnity
9. Father's Occupation, Police Platen
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Allen
Address, 912 McDonough

Remarks,

1893 0 0 0 2 1 3 8

Wm J C. Dulany Co., City Printers and Stationers.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 48961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Wallmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 18 - 23
4. Place of Birth, (Street and Number) 2362 N. Durham
5. Full Name of Mother, Maggie ~~Hallmann~~ Wallmann
6. Mother's Maiden Name, Hundertmark
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles ~~Hallmann~~ Wallmann
9. Father's Occupation, Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allard

Address, 712 McDonogh St

Remarks,

1893 0002139

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 48767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, June 18th.
4. Place of Birth, (Street and Number) No 421 N. Cary St.
5. Full Name of Mother, Anna L. Landeman,
6. Mother's Maiden Name, Hafer
7. Mother's Birthplace, Bedford Co. Penna.
8. Full Name of Father, Maximilian Landeman,
9. Father's Occupation, Coal-dealer,
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. Louis L. Edelheim M.D.

Address, No 721 Columbia Ave.

Remarks,

1893 0002140

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 48263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth after as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 18 1893
4. *Place of Birth, (Street and Number)*	221 Cedar avenue anex
5. *Full Name of Mother,*	Ella S Dasch
6. *Mother's Maiden Name,*	gosnell
7. *Mother's Birthplace,*	Balt Co
8. *Full Name of Father,*	William A Dasch
9. *Father's Occupation*	Stone Cutter
10. *Father's Birthplace,*	Balt Co anex
Name of Medical Attendant, or other person who makes this Return,	Mary A Martin
Address,	2804 Cedar avenue Balt City
Remarks,	

1893000214 1

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 48264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* 18 June
4. *Place of Birth, (Street and Number)* 210 5 Townsend st.
5. *Full Name of Mother,* Clara Eberenz
6. *Mother's Maiden Name,* Muller
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Willie Eberenz
9. *Father's Occupation*
10. *Father's Birthplace,* Balt city

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Carl Ave.

Remarks,

1893 0002142

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

No. 48765.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 19 1893
4. *Place of Birth, (Street and Number)*	Frederick Ave ext
5. *Full Name of Mother,*	Helena Pfefferman
6. *Mother's Maiden Name,*	Arbitter
7. *Mother's Birthplace,*	Pathinya Austria
8. *Full Name of Father,*	Leopold Pfefferman
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Austria
Name of Medical Attendant, or other person who makes this Return,	Theodore Case M.D.
Address,	911 N. Charles St.
Remarks,	

1893 0002167

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that has been registered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

487 66.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: William Gilbert Clayland

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 19th 1893.
4. *Place of Birth, (Street and Number)*	105 N Shroeder St.
5. *Full Name of Mother,*	Emma O Clayland.
6. *Mother's Maiden Name,*	Emma O Zendgraft.
7. *Mother's Birthplace,*	Westminster.
8. *Full Name of Father,*	Samuel R Clayland
9. *Father's Occupation,*	Laber Lauger
10. *Father's Birthplace,*	Queen Anne Co Md
Name of Medical Attendant, or other person who makes this Return,	John D Pennington M D
Address,	1716 Linden Ave.
Remarks,	City.

893000021144

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

48167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 19th 1893

4. Place of Birth, (Street and No.) 716 N Fulton Ave

5. Full Name of Mother, Katie Downs Pancoast

6. Mother's Maiden Name, Katie Downs Wheeler

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Millard Filmer Pancoast

9. Father's [illegible], Manager of York Biscuit Company

10. Father's [illegible], Baltimore Md

Name of Medical Attendant, or other person who makes this Return. F S Fields M D

Address, 642 N Fulton Ave

Remarks,

1893 0 0 0 2 1 1 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48718.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17, 1873.
4. Place of Birth, (Street and Number) No. 1572 N. Spring St.
5. Full Name of Mother, Anna Keyser.
6. Mother's Maiden Name, Anna Geiser
7. Mother's Birthplace, Maryland
8. Full Name of Father, William Keyser.
9. Father's Occupation Painter.
10. Father's Birthplace. Maryland

Name of Medical Attendant, or other person who makes this Return. Chas. A. Cleveland, M.D.

Address, 1241 Hartford ave

Remarks,

1893 0 0 0 2 1 4 6

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col
3. *Date of Birth,*	15 June 1893
4. *Place of Birth, (Street and Number)*	311. Guilford place.
5. *Full Name of Mother,*	Mary Johnson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	"Richmond" Va
8. *Full Name of Father,*	Unknown
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Haag
Address,	Guilford.
Remarks,	8 9 3 0 0 0 2 1 4 7

...with. This section does not so far as the same can be ascertained, the name of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the full name and occupation of the parents, the date and place of birth, and the full name and occupation of the parents, the date and place of birth, and the full name and occupation of the

A. 48764

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 19" 1893.
4. *Place of Birth, (Street and Number)*	664 Columbia ave
5. *Full Name of Mother,*	Mary E. Heal
6. *Mother's Maiden Name,*	" Hartlove
7. *Mother's Birthplace,*	maryland
8. *Full Name of Father,*	William Heal
9. *Father's Occupation,*	clerk
10. *Father's Birthplace,*	maryland
Name of Medical Attendant, or other person who makes this Return.	E. E. Sarec
Address,	830 E Columbia
Remarks,	Baby has been Raised by Midwife Mrs. A. A. S.

Child to report its birth to the Commissioners, or person fail to comply with the provisions of this section shall, for each person or persons who shall hereafter fail to comply with the provisions of this section shall, for each offense, be recovered as other fines and forfeitures are recovered, subject to the fine of ten (10) dollars for such offense, to be recovered as other fines and forfeitures are recovered.

WM. J. MURRAY & BRO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 18770.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June the 19 1893
4. *Place of Birth, (Street and Number)*	Gilmore st No 4-31
5. *Full Name of Mother,*	Emma V Binder
6. *Mother's Maiden Name,*	Emma V Kraft
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William F Binder
9. *Father's Occupation*	Brakes man
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 1922 Wilkins Av
Remarks,	

1893 U 0002149

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4877

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 19/93

4. Place of Birth, (Street and Number) 444 E Fontaine

5. Full Name of Mother, Mrs Edmonia Dillehunt

6. Mother's Maiden Name, " Sewell

7. Mother's Birthplace, City

8. Full Name of Father, Mr J. D. Dillehunt

9. Father's Occupation, R R, Expressman

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. J H Hill M D,

Address, 1801 Edmondson

Remarks,

1893 JUN 27 1 50

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19-93
4. Place of Birth, (Street and Number) 432 E Fremont St
5. Full Name of Mother, Mrs Jennie Holland Burden
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, William H Burden
9. Father's Occupation R.R.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Illmiy M.D

Address, Lemmon Square

Remarks, Instrumental

893000211

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the same and within the period above required, said child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 48773.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 19 93

4. Place of Birth, (Street and Number) 1330 N. Eden

5. Full Name of Mother, Augusta Deckman

6. Mother's Maiden Name, Coone

7. Mother's Birthplace, Balto

8. Full Name of Father, Gerbis C. Deckman

9. Father's Occupation, Clothing Cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Arnell

Address, 912 McDonough St

Remarks,

1893 0007152

Been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race)

3. Date of Birth, 19 June

4. Place of Birth, (Street and Number) 1014 Tholbrook st

5. Full Name of Mother, Nina Engelmann

6. Mother's Maiden Name, = Etzel

7. Mother's Birthplace, Balt

8. Full Name of Father, Edwin Engelmann

9. Father's Occupation Taylor

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Carl Ave.

Remarks,

1893000215 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 48775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 19, 1893
4. Place of Birth, (Street and Number) 2240 Collington Ave
5. Full Name of Mother, Martha J. Mills
6. Mother's Maiden Name, Martha Ecoford
7. Mother's Birthplace, Balto.
8. Full Name of Father, Lemuel Mills
9. Father's Occupation Waterman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Jane R. Swanson

Address, 2240 Collington Ave.

Remarks,

8930002154

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 19-93
4. Place of Birth, (Street and Number) 2004 E. Eager
5. Full Name of Mother, Emma C. Payne
6. Mother's Maiden Name, " " Bryson
7. Mother's Birthplace, Md
8. Full Name of Father, Henry C. Payne
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 N. Dorcy St.

Remarks,

+ 8 9 3 0 0 0 2 1 5 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 19 93
4. Place of Birth, (Street and Number) 947 N. Wolfe St
5. Full Name of Mother, Catherine Mehlmicle
6. Mother's Maiden Name, " Engle
7. Mother's Birthplace, Balto
8. Full Name of Father, Michael Mehlmicle
9. Father's Occupation, Jailer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Miss Mary A. Allwell

Address, 912 McDonough St

Remarks,

8930002156

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 48998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or of the person or persons of such attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Board, it shall become the duty of the person or persons required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 20, 1893.
4. *Place of Birth, (Street and Number)*	36 S. Ann's St.
5. *Full Name of Mother,*	Martha Missouri Logan.
6. *Mother's Maiden Name,*	Hays.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Chas. Edgar Logan.
9. *Father's Occupation*	Salesman.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return	Chas. N. Mitchell M.D.
Address,	291 Chestnut ave
Remarks,	

1893000157

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 48279.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th 98
4. Place of Birth, (Street and Number) 408 N Fremont St Balto City Md
5. Full Name of Mother, Mrs Fannie Fennessey
6. Mother's Maiden Name, Miss Fannie Stewart
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Henry Fennessey
9. Father's Occupation Inspector
10. Father's Birthplace, Evansville Ind

Name of Medical Attendant, or other person who makes this Return Susan Hunter

Address, 23 N Fayette St

Remarks,

1893000 2158

Wm. J. C. Dulany Co., City Printers and Stationers.

A 18280

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	20 June
4. *Place of Birth, (Street and Number)*	1909 Llanova st
5. *Full Name of Mother,*	Marie Remmers
6. *Mother's Maiden Name,*	Jansen
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Adolph Remmers
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Euphemia McInnis.
Address,	1331 Hull st. Lorus Point.
Remarks,	

1893 0002159

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the within the period above required, and shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 14878.

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ild of Mother, (state whether 1st, 2d, 3d, &c.) First.

tate whether male or female) Male

r Color, (if not of the white race) White - ~~Democrat~~

June 20th. 93

f Birth, 754 Gorman St. Back

of Birth, (Street and Number)

Name of Mother, Mrs James J. O'Neill

's Maiden Name, Florence Irene Forbes

's Birthplace, Baltimore Md.

Name of Father, Jas. J. O'Neill

's Occupation, Clerk

's Birthplace, Baltimore

of Medical Attendant, or other person who makes this Return. Ruth A Colhour

1226 N. Pratt St.

ss,

ks,

1893 00004160

AND STATIONERS.

RETURN OF A BIRTH. A 48282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 26th 93
4. *Place of Birth, (Street and Number)*	201 N. Saratoga St.
5. *Full Name of Mother,*	Mary A. Coates
6. *Mother's Maiden Name,*	Mary A. Foy
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	Jas. E. A. Coates
9. *Father's Occupation*	Undertaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Gittings
Address,	400 Cathedral St.
Remarks,	

8930002161

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 5 Ward 13.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th January 93
4. *Place of Birth, (Street and Number)* 225 Fulton Ave.
5. *Full Name of Mother,* Allen Wesley
6. *Mother's Maiden Name,* Allen Madasen
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wiliam Wesley
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friedrike Kessler Midwife

Address, 2116 W. Pratt

Remarks,

89300021 62

been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

A. 48784

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 20th June 1893
4. Place of Birth, (Street and Number) 1371 W Calhoun St
5. Full Name of Mother, Annie M Bankard
6. Mother's Maiden Name, Annie Soutzel
7. Mother's Birthplace, England
8. Full Name of Father, Wesley F Bankard
9. Father's Occupation, House Carpenter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs E Carroll

Address, 1385 Woodyear St

Remarks,

693 0002163

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48785.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 20" 1893
4. *Place of Birth, (Street and Number)*	22 Ramsay St
5. *Full Name of Mother,*	Lillian M. Bockmiller
6. *Mother's Maiden Name,*	" " Bowen
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Wm F. Bockmiller
9. *Father's Occupation,*	Tradesman
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	E. Delsarte M. D.
Address,	830 Columbia ave
Remarks,	

1893000216 4

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been considered its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in like manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48786.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 June
4. *Place of Birth, (Street and Number)* 1109 Hisquith st
5. *Full Name of Mother,* Emma Bauer
6. *Mother's Maiden Name,* Bamsca
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Hugo Bauer
9. *Father's Occupation*
10. *Father's Birthplace,* Philad. Pa.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 918 N. Carl Ave.

Remarks,

1 8 9 3 0 0 0 2 1 6 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

48787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* June 20, 1893

4. *Place of Birth, (Street and Number)* 2314 Foster Lane.

5. *Full Name of Mother,* Augusta Cuntz

6. *Mother's Maiden Name,* Augusta Martin

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Henry Cuntz

9. *Father's Occupation* Laborer.

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Sprouse

Address, 420 Canton St.

Remarks,

8930002164

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* June 20" 1893
4. *Place of Birth, (Street and Number)* 445 Lett. Monument St
5. *Full Name of Mother,* Mena Hobbs
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr. Turner

Address, Eager & Wilcox

Remarks,

1893 0002167

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 48789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, 21 June

4. Place of Birth, (Street and Number) 1141 S. Sharp St.

5. Full Name of Mother, Maggie Krouse

6. Mother's Maiden Name, Maggie Right

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Krouse

9. Father's Occupation, bottle packer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie McMinch

Address, 200 Scarlett Pl

Remarks, 1693000216 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 48790.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 29 1893
4. Place of Birth, (Street and Number) 504 E. Lafayette Ave
5. Full Name of Mother, Mrs. Lucy Amanda Ellen Hurley
6. Mother's Maiden Name, Mrs. " " Ellen J.
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, William Milton Hurley
9. Father's Occupation, Oyster
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. Dr. G. Monk Smith

Address, 2200 E. Baltimore St.

Remarks, Natural Delivery

1893 0 0 0 2 1 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 48791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 21st '93
4. *Place of Birth, (Street and Number)*	711 Penna ave
5. *Full Name of Mother,*	Mrs. Alva Dobson
6. *Mother's Maiden Name,*	" Joe
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John R Dobson
9. *Father's Occupation,*	Selling Smoked meats
10. *Father's Birthplace,*	Gloster Co Va
Name of Medical Attendant, or other person who makes this Return,	T C Worthington
Address,	840 W Fayette St
Remarks,	

1893 0002170

...This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth. And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

...GUILARY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st day of June 93
4. Place of Birth, (Street and Number) 1823 Lemmon St.
5. Full Name of Mother, Mage Schmidt
6. Mother's Maiden Name, Mage Bertsch
7. Mother's Birthplace, Germany
8. Full Name of Father, Georg L. Schmidt
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kaulz Midwife

Address, 216 N. Front

Remarks,

B 93 0002171

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 48793.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22nd 1895
4. *Place of Birth, (Street and Number)* 1532 N. Wolfe St.
5. *Full Name of Mother,* Maggie J. Cunsan
6. *Mother's Maiden Name,* Maggie J. Thompson
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William H. Cunsan
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Annapolis Md.

Name of Medical Attendant, or other person who makes this Return. A. G. Watson

Address, 1501 N. Central Ave.

Remarks,

8 9 3 0 0 0 2 1 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22
4. Place of Birth, (Street and Number) 367 N Paca St
5. Full Name of Mother, Margaret M Cahly
6. Mother's Maiden Name, Ingram
7. Mother's Birthplace, Ireland
8. Full Name of Father, Constantine Cahly
9. Father's Occupation, Retired Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Estelle Ronda Klipfer

Address, 641 N Paca

Remarks,

1893 0002173

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A. 43795.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 22 93
4. Place of Birth, (Street and Number) 2552 Warren Av.
5. Full Name of Mother, Anna Lippert
6. Mother's Maiden Name, Anna Kieler
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Lippert
9. Father's Occupation, Grocers Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 1505 Pennsylvania Ave.

Remarks, Child born at 8th month, doing fairly well 93000174

The name of each child born alive in Baltimore City shall be ascertained, if possible, by the parents, and shall be registered with the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the Health Officer in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48796

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd -
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 2nd. 1893
4. Place of Birth, (Street and Number)	1213 Ensor St.
5. Full Name of Mother,	Hannah Mc Alister.
6. Mother's Maiden Name,	Hannah M. Eick.
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Daniel Mc Alister,
9. Father's Occupation,	Stone Cutter.
10. Father's Birthplace,	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Bruton, M.D.
Address,	S. W. Cor. Calvert & Preston Sts.
Remarks,	This was a case of "Placenta Previa Centralis"

1893 0002175

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

D 4097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 d day of June 1893
4. Place of Birth, (Street and Number) Baltimore MD. 39 Woodward St
5. Full Name of Mother, Mrs Mary [illegible] Scott
6. Mother's Maiden Name, Mary Catrain
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Mr Benjamin Scott
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Hewitt

Address, 23 N Payspalton St

Remarks, 1893000217 6

The Name of the Child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June the 22 1893
4. *Place of Birth, (Street and Number)*	Lemmon st № 671
5. *Full Name of Mother,*	Kate Loonan
6. *Mother's Maiden Name,*	Kate carey
7. *Mother's Birthplace,*	ireland
8. *Full Name of Father,*	Michel Loonan
9. *Father's Occupation*	Street Paver
10. *Father's Birthplace,*	ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs S Fuller
Address,	№ 19. 22 Wilkins Ave
Remarks,	

0 9 3 0 0 0 2 1 7 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

48799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 22 1893

4. Place of Birth, (Street and Number) 600 Rose St

5. Full Name of Mother, Theresa Schader

6. Mother's Maiden Name, Theresa Brauer

7. Mother's Birthplace, Germany

8. Full Name of Father, Julius Schader

9. Father's Occupation Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary C. Insane

Address, 824 Canton Ave

Remarks,

1893 0002170

Wm. J. C. Dulany Co., City Printers and Stationers.

If any child born in Baltimore City shall not have been named at the time when the first return of its birth is required by law to be made, the name can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 48300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* black
3. *Date of Birth,* June 22nd 1893
4. *Place of Birth, (Street and Number)* 422 St Marys Street city
5. *Full Name of Mother,* Georgiana ~~Bell~~ Pannell.
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Virginia.
8. *Full Name of Father,* Charles Pannell
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, F. H. Bowen M.D.

Address, Eager & Wood

Remarks,

1893000 2179

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

J. C. BULLEY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 14201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23 Th
4. Place of Birth, (Street and Number) Baltimore Stockholm 410
5. Full Name of Mother, Ida Wright 410
6. Mother's Maiden Name, Varina
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Wright
9. Father's Occupation Carpenter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Kate Stillwell

Address, 40 Leadenhall St

Remarks,

1893 0002180

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 48302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	June 23-93
4. *Place of Birth, (Street and Number)*	1413 W Baltimore St.
5. *Full Name of Mother,*	Elizabeth D. Schulz Schumacher
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August H. Schulz
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	J. McLouth M.D.
Address,	101 N. Fulton Ave.
Remarks,	

1893000021 81

GEO. J. O. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48303.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 June 1893
4. *Place of Birth, (Street and Number)*	410 E Townsend st
5. *Full Name of Mother,*	Anna Bell ~~Porter~~ Brown
6. *Mother's Maiden Name,*	Bait Leiss
7. *Mother's Birthplace,*	Balt City
8. *Full Name of Father,*	Charles T. Porter
9. *Father's Occupation,*	Public Weigher
10. *Father's Birthplace,*	Balt City
Name of Medical Attendent, or other person who makes this Return.	Martin Brewer M.D
Address,	1106 McCulloh street
Remarks,	

1893 000001882

GEO. J. E. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 48304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 23d June 1893
4. *Place of Birth, (Street and Number)*	13 Ellis Lane
5. *Full Name of Mother,*	Sophia Kuster
6. *Mother's Maiden Name,*	Sophia Franz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Martin Kuster
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Christina Lunes
Address,	1532 Harford Ave
Remarks,	Baltimore Md
	893000218 Ats

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 48305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 23 of June 1893

4. Place of Birth, (Street and Number) 24 37 Monument st.

5. Full Name of Mother, Hannie Kirchner.

6. Mother's Maiden Name, Graber

7. Mother's Birthplace, Balto

8. Full Name of Father, John Kirchner.

9. Father's Occupation, Tailor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs L Gross

Address, 1907 E Monument st

Remarks,

1893 0002184

Wm J C. Dulany Co., City Printers and Stationers.

Every person having charge of a new born child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 48306.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 23 1893.
4. Place of Birth, (Street and Number) Broadway & Penn st. (3.14)
5. Full Name of Mother, Minnie McComas
6. Mother's Maiden Name, Minnie Holte
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles McComas
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. G. Chilcoat M.D.

Address, 1241 Harford ave.

Remarks,

1893 0 0 0 2 1 8 5

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 6-9-53

RETURN OF A BIRTH. 48307.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Katherine Ludwig

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23rd of Aug 42.
4. *Place of Birth, (Street and Number)*	13 Frederick Road
5. *Full Name of Mother,*	Louise Ludwig
6. *Mother's Maiden Name,*	Louise Wille
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jacob Ludwig
9. *Father's Occupation*	Brauer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Reuter midwife
Address,	216 W. Pratt
Remarks,	

1893000218 6

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 48308.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28th of June 96
4. *Place of Birth, (Street and Number)*	63 Monroe St
5. *Full Name of Mother,*	Louise Münzing
6. *Mother's Maiden Name,*	Louise Hochmeister
7. *Mother's Birthplace,*	Bulle
8. *Full Name of Father,*	Jean Münzing
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Baden
Name of Medical Attendant, or other person who makes this Return,	Friedrike Kemler Midwife
Address,	216 N. Pratt
Remarks,	

1893000021187

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24 of June 1893
4. *Place of Birth, (Street and Number)* 2029 Raine St
5. *Full Name of Mother,* Lucy Gaudwell
6. *Mother's Maiden Name,* Lewis
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jos Baytwell.
9. *Father's Occupation,* Finisher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm L Lewis

Address, 1907 E Lombard St

Remarks,

1893 0002188

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 48310.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) black
3. Date of Birth. June 24" 1893
4. Place of Birth, (Street and Number) Md. Lying-In-Hosp.
5. Full Name of Mother, Mary E. Giscocke
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Virginia
8. Full Name of Father, unk
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Jno C. Rowland M.D.

Address, Md General Hospital

Remarks,

1893 0002189

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 48311.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 24th 1893
4. *Place of Birth, (Street and Number)*	No 206 Stockholen st
5. *Full Name of Mother,*	Mary Becker
6. *Mother's Maiden Name,*	Mary Spencer
7. *Mother's Birthplace.*	Baltimor
8. *Full Name of Father,*	William Becker
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other person who makes this Return,	Catherine Horning
Address,	No 1547 Byrd St
Remarks,	

1893 0 0 0 2 1 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 18312.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 24th 1893

4. Place of Birth, (Street and Number) 923 Lana Kain

5. Full Name of Mother, Lena Rickards

6. Mother's Maiden Name, Balto. Md

7. Mother's Birthplace, Wm Kain

8. Full Name of Father, Laborer

9. Father's Occupation Balto. Md.

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Wm Barry M.D.

Address, 1116 Eutaw St

Remarks, 1893000219 1

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 48313.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female).*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 24th 1893
4. *Place of Birth, (Street and Number)*	# 1523 E. Baltimore st
5. *Full Name of Mother,*	Bettie L. Reed
6. *Mother's Maiden Name,*	Bettie L. Bennett
7. *Mother's Birthplace,*	Nelson Co. Va.
8. *Full Name of Father,*	Atkinson Reed
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Halifax Va.
Name of Medical Attendant, or other Person who makes this Return.	P. F. Benson M.D.
Address,	# 1047 Wallis st
Remarks,	

1893 0 0 0 2 1 9 2

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. A 4814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24th 1893
4. Place of Birth, (Street and Number) 721 W. German St.
5. Full Name of Mother, Mary C. Ostbrucker
6. Mother's Maiden Name, " " " Koenel
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Wilh. Ostbrucker
9. Father's Occupation, Salesman
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Wm Gambel, M.D.

Address, 128 W. Lee St.

Remarks,

1893 00022107

...shall be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ORD. J. G. SULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-13-53

RETURN OF A BIRTH. A 48315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Keithley Kemp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24, 1893
4. Place of Birth, (Street and Number) 916 Canton St.
5. Full Name of Mother, Carrie Kemp
6. Mother's Maiden Name, Carrie Mench
7. Mother's Birthplace, St. Michaels
8. Full Name of Father, Frederick Kemp
9. Father's Occupation Electric light lighter
10. Father's Birthplace, St. Michaels

Name of Medical Attendant, or other person who makes this Return, Mary L. Lorraine

Address, 1824 Canton St.

Remarks,

1893 00021 94

Wm. J. C. Dulany Co., City Printers and Stationers.

Physicians and midwives are required to report births to the Commissioner of Health, Baltimore City, within ten days after the same can be ascertained; the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Four th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	June 26 1893
4. Place of Birth, (Street and Number)	1728 E. Eager St
5. Full Name of Mother,	Annie E. Bridgeo
6. Mother's Maiden Name,	" " Rooney
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Albert J. Bridgeo
9. Father's Occupation,	Bartender
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Abbott
Address,	912 McDonough St
Remarks,	

1893 00002195

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 48317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th 1895
4. Place of Birth, (Street and Number) 1640 N Gilmor
5. Full Name of Mother, Maggie Underwood
6. Mother's Maiden Name, Eichner
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Underwood
9. Father's Occupation, Car driver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Sadtler

Address, 2100 Druid Hill Ave

Remarks,

0930007196

Rules and regulations as to the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

A 48818.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 1893.
4. *Place of Birth, (Street and Number)*	818 E. Lee St.
5. *Full Name of Mother,*	Annie Hennings.
6. *Mother's Maiden Name,*	Annie Etta P
7. *Mother's Birthplace,*	Goldsboro N. C.
8. *Full Name of Father,*	Harry H Young
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Dr. A. Christian Lowe.
Address,	1037 Harford Ave.
Remarks,	State Md.
	City.

0 9 3 0 0 0 2 1 9 7

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

owu

RETURN OF A BIRTH. A 48319.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Leo Schaefe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24 1893.
4. Place of Birth, (Street and Number) No. 1936 E. Eager St.
5. Full Name of Mother, Amelia Schaefe
6. Mother's Maiden Name, Amelia Fiend
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Gottlieb Schaefe
9. Father's Occupation Tinner
10. Father's Birthplace, Denmark.

Name of Medical Attendant, or other person who makes this Return, Aug. R. Elwell, M.D.
1241 Harford ave.

Address,

Remarks,

1893 00021978

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 48330.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 25th 1873

4. Place of Birth, (Street and Number) 2023 Maryland Ave

5. Full Name of Mother, Kate Gender Wheat

6. Mother's Maiden Name, "

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, Charles G. Gender

9. Father's Occupation, Oyster Packer

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, John Morris, M.D.

Address, 118 E. Franklin St.

Remarks,

B 2 3 0 0 0 2 1 9 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 48371.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 23/93
4. Place of Birth, (Street and Number)	1578 N. Stricker
5. Full Name of Mother,	May Hisd
6. Mother's Maiden Name,	Scott
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Owen Hisd
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Jos H. Norris M.D
Address,	1501 Printman
Remarks,	

1893 0002 00

Wm J. C. Dulany Co., City Printers and Stationers.

Every child born within the limits of Baltimore City shall be registered, as to its sex, color, the full name and occupation of its parents, the date and place of birth; and the certificate of such registration shall be signed by the practitioner in the form of a certificate between the first and second visit after the birth of any child been conferred; duly signed by the practitioner or Commissioner of Health. In case no other person be in said schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no or parents of such third day of each and every month to the office of the Commissioner of Health, or within the period above required, and shall occur without the attendance of a physician or practitioner it shall become and within the period above required, and attendance upon the mother, immediately thereafter, in the manner and provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 48077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 25 1893
4. Place of Birth, (Street and Number) No 1342 South Charles st
5. Full Name of Mother, Hattie Carey
6. Mother's Maiden Name, Hattie Miles
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, William Carey
9. Father's Occupation, Engineman on B & O R R
10. Father's Birthplace, Howard Co md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hinton

Address, 1422 Hanover Street

Remarks,

1893 0 0 0 1 2 8 1

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one. first.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 25th
4. Place of Birth, (Street and Number) 728 W. Cross Street Balto. Md
5. Full Name of Mother, Ella Elizabeth Sieck
6. Mother's Maiden Name, Ella Elizabeth Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Frederick Sieck
9. Father's Occupation Paper Box Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 Cross St.

Remarks,

1893000 1202

Wm. J. C. Dulany Co., City Printers and Stationers

The full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 4834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. Sex, (state whether male or female) Mald
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday, June 25th, 1893
4. Place of Birth, (Street and Number) 1229 N. Broadway
5. Full Name of Mother, Sallie Murphy
6. Mother's Maiden Name, Sallie Yohn
7. Mother's Birthplace, Pennsylvania,
8. Full Name of Father, Francis Murphy
9. Father's Occupation, Salesman,
10. Father's Birthplace, Dublin, Ireland.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S. W. Cor. Calvert & Preston Sts

Remarks,

1893 0002203

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 25th 1893
4. *Place of Birth, (Street and Number)* 36 East York St
5. *Full Name of Mother,* Mary J. Feaffey
6. *Mother's Maiden Name,* Mary Clunney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Clunney
9. *Father's Occupation* Iron Moulder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Anna Taylor

Address, 41 Guilford's Alley Baltimore Md

Remarks, none

+ 8 9 3 0 0 0 2 2 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, that shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 48325.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 25th
4. *Place of Birth, (Street and Number)*	1704 Baker st
5. *Full Name of Mother,*	Ada Campbell
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Henry Campbell
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	M Matilda Johnson 4
Address,	1408
Remarks,	

I 0 9 3 0 0 0 1 2 0 5

...health, and shall set forth as far as the same can be ascertained the full name of each parent, the date and place of birth; and the...been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child...shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such...attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 48377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 25th 1893
4. *Place of Birth, (Street and Number)* No 9 Young Al
5. *Full Name of Mother,* Caroline Heinz
6. *Mother's Maiden Name,* Caroline Apple
7. *Mother's Birthplace,* York Pa.
8. *Full Name of Father,* Louis Heinz
9. *Father's Occupation* Black-Smith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8930002206

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 48328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 26 1893

4. Place of Birth, (Street and Number) 2348 Canton Ave

5. Full Name of Mother, Elizabeth Sause

6. Mother's Maiden Name, Elizabeth Meyers

7. Mother's Birthplace, Balto.

8. Full Name of Father, Jacob Sause

9. Father's Occupation Produce dealer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary E Sause

Address, 824 Canton Ave.

Remarks,

1893 0002207

Wm. J. C. Dulany Co., City Printers and Stationers.

A 48379

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 5-15

1. Sex, (~~state whether~~ male or ~~female~~)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, June 26 15 10-10 A.M.
4. Place of Birth, (Street and Number) 1022 Clifton Place
5. Full Name of Mother, Ellen Galvin
6. Mother's Maiden Name, " Keough
7. Mother's Birthplace, Balto Co
8. Full Name of Father, John Galvin
9. Father's Occupation Book Keeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A Strother Worker M.D.

Address, 25 W Preston St

Remarks,

1893000022003

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 48330.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26 1903
4. Place of Birth, (Street and Number) 612 N. Mount
5. Full Name of Mother, Lizzie Godman
6. Mother's Maiden Name, Carey
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, William Godman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Gad H. Sams M.D

Address, 1501 Pruntman

Remarks,

1893000 2209

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner come the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 48331.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joanna

Name: Mary Amabel de Chiguier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) ~~Male~~ Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26: 1893
4. Place of Birth, (Street and Number) 1808 Mt Royal Terrace
5. Full Name of Mother, Mary (De Chiguin) de Chiguier
6. Mother's Maiden Name, " Kelly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Antoine (De Chiguin) de Chiguier
9. Father's Occupation, Soldier
10. Father's Birthplace, Milan ~~Italy~~ Europe

Name of Medical Attendant, or other person who makes this Return. O. L. Williams

Address, 1128 Cathedral St

Remarks, Chloroform + Forceps

1893 000210

ENG. J. S. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 48332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Pt White
3. *Date of Birth,*	June 26th 1895
4. *Place of Birth, (Street and Number)*	1740 E. Eager Street
5. *Full Name of Mother,*	Sallie Mentzbower
6. *Mother's Maiden Name,*	Sallie Davis
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Edward Mentzbower
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	James E. Holmes M.D.
Address,	819 Virginia Street
Remarks,	

1 0 9 3 0 0 0 2 1 1

THE J. B. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 48333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 26th 1893
4. *Place of Birth, (Street and Number)*	15 East Hamburg St
5. *Full Name of Mother,*	Georgina Nagle
6. *Mother's Maiden Name,*	Georgina Castine
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas Nagle
9. *Father's Occupation*	Policeman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	B. F. Phillips
Address,	753 Lexington St
Remarks,	

1893 0000 1212

been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately hereafter it shall become and within the period above required, such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 4833 2d

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	June 26
4. Place of Birth, (Street and Number)	1105 Hanbert St
5. Full Name of Mother,	Mrs Ann Holley
6. Mother's Maiden Name,	Clarke
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	James Holley
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann Donnelly
Address,	1112 Hanbert St
Remarks,	

R 93 0002213

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 48350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June the 26-18-23
4. *Place of Birth, (Street and Number)*	Pratt st 12-18
5. *Full Name of Mother,*	Maud V Smith
6. *Mother's Maiden Name,*	Maud V Pedrick
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	geage J Smith
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mr S Kelly
Address,	No 19 22 Milton Av
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1893 0 0 0 2 2 1 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 48336.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 26th 1893

4. Place of Birth, (Street and Number) 526 N. Chester St.

5. Full Name of Mother, Annie Elizabeth Smith Whiteford

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Emory H. Smith

9. Father's Occupation Hatter

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, E. P. Irons M.D.

Address, 1835 E. Balto. St.

Remarks,

1893 0002215

C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child shall occur without the attendance immediately thereafter it shall become the duty of the person above required, and attendance upon the mother, immediately after the birth to the Commissioner of Health, in the manner and within the period above required, and child to report to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 48337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	June 27, 1893
4. *Place of Birth, (Street and Number)*	1108 Calvert St.
5. *Full Name of Mother,*	Sarah Conner
6. *Mother's Maiden Name,*	Sarah Kelly
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Martin Conner
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mary L Swayne
Address,	824 Cumberland St.
Remarks,	

1893 000221 6

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-13-57

RETURN OF A BIRTH. A48338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Edward ~~Hartlove~~ Hartlove.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Living

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White 1893
3. Date of Birth, 27th June
4. Place of Birth, (Street and Number) Balt 1120 Carroll St
5. Full Name of Mother, M. Blanche Hartlove
6. Mother's Maiden Name, Blanche Belt
7. Mother's Birthplace, Frederick City
8. Full Name of Father, Owen Asbury Hartlove
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N. Poppleton St

Remarks,

1893000217

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

A 483.39

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Henry Frederick Martin Leimbach 6th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (Female) Male

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) June 27, 1893

3. Date of Birth, 2311 Canton Ave.

4. Place of Birth, (Street and Number) Clara Leimbach

5. Full Name of Mother, Clara (Francois) Balk

6. Mother's Maiden Name, Balto.

7. Mother's Birthplace, Henry Leimbach

8. Full Name of Father, House carpenter

9. Father's Occupation Balto

10. Father's Birthplace, Mary C. Sessions

Name of Medical Attendant, or other person who makes this Return, 824 Canton Ave.

Address,

Remarks,

1893 0002213

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48340

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, June 27th.
4. Place of Birth, (Street and Number) No 121 W. Hamburg St.
5. Full Name of Mother, Eva Birrane
6. Mother's Maiden Name, Hartman
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, John C. Birrane,
9. Father's Occupation, Barber,
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return, Thos. J. Coleridge M.D.

Address, No. 321 Columbia Ave.

Remarks,

8930002219

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L 48341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Wednesday June 28th, 1893
4. Place of Birth, (Street and Number)	764 E. Preston St.
5. Full Name of Mother,	Sallie Miller
6. Mother's Maiden Name,	Sallie Appleton
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Elmer E. Miller
9. Father's Occupation,	N. C. R. R. Engineer
10. Father's Birthplace,	Pennsylvania
Name of Medical Attendant, or other person who makes this Return,	Wilmer Barnes M.D.
Address,	S. W. Cor. Calvert & Preston Sts.
Remarks,	

693000220

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, June 28. 1893. 6.30 o.Glock p. m.
4. Place of Birth, (Street and Number) 303. W. Hoffman Str.
5. Full Name of Mother, Virginie Wilson
6. Mother's Maiden Name, Virginie Wilson
7. Mother's Birthplace, Winchester Va.
8. Full Name of Father, J. C. Williams
9. Father's Occupation, Farmer
10. Father's Birthplace, Winchester Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. Marie F. Ezarra

Address, 303. W. Hoffman Str.

Remarks,

1893 0002221

RETURN OF A BIRTH. A 48343.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th June 193
4. *Place of Birth, (Street and Number)* Sharp St 1045
5. *Full Name of Mother,* Caroline Penn
6. *Mother's Maiden Name,* Caroline Slain
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Willard H Penn
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Jane Taylor

Address, 41 Gilford Alley

Remarks, Baltimore Md

1 0 9 3 0 0 0 2 2 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 48344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, ~~(State whether male or female)~~
2. Race or color, (~~if not of the~~ white race)
3. Date of Birth, June 28th 23
4. Place of Birth, (Street and Number) 2101 E Monument St.
5. Full Name of Mother, Liza White
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas White
9. Father's Occupation, Block layer.
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. A. Johnson M.D.

Address, 1602 N. Wood St.

Remarks, Transverse Presentation, Podalic Version.

+ 0 9 3 0 0 0 2 2 2 3

Health. The person required by law to make return of a birth shall ascertain the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ON J. G. GLASS & SON, CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-14-58

RETURN OF A BIRTH.

A 48365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Howard Allen ~~Foulke~~ Foulke 4th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 28 1893

4. Place of Birth, (Street and Number) 2908 Lindenwold St

5. Full Name of Mother, Mary Foulke

6. Mother's Maiden Name, Mary Jones

7. Mother's Birthplace, Md Balto

8. Full Name of Father, William Foulke

9. Father's Occupation House-Carpenter

10. Father's Birthplace, Md Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Sommer

Address, 824 Gordon St.

Remarks,

1893000224

The full name and occupation of the parents, the date and place of birth; and the name conferred; the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4846.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 5th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, June 29th 93.
4. Place of Birth, (Street and Number) 38 N Carey St.
5. Full Name of Mother, Clara B Whitehead.
6. Mother's Maiden Name, Clara B Bare.
7. Mother's Birthplace, Concord, Va.
8. Full Name of Father, Robert Whitehead.
9. Father's Occupation, Machinist.
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, John L Hagood, M.D.

Address, 662 W Baltimore St.

Remarks,

1893000 2225

Months, and so on as far as the same can be ascertained. The full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A-4327.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

11 to —

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Male —
1. Sex, (state whether male or female)	White —
2. Race or Color, (if not of the white race)	June 29, 1893.
3. Date of Birth,	1411 Lafayette av. W.
4. Place of Birth, (Street and Number)	Alice Shipley —
5. Full Name of Mother,	Elder —
6. Mother's Maiden Name,	Govanstown —
7. Mother's Birthplace,	William Shipley —
8. Full Name of Father,	Moulder —
9. Father's Occupation	Baltimore County —
10. Father's Birthplace,	E. N. Holbrook, M. D.
Name of Medical Attendant, or other person who makes this Return,	714 N. Carey st —
Address,	
Remarks,	

1893 00012 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 48348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 29 th 1893
4. *Place of Birth, (Street and Number)*	# 210 Garrison Lane
5. *Full Name of Mother,*	Mrs Lizzie Finsmeister
6. *Mother's Maiden Name,*	Miss B Koehler
7. *Mother's Birthplace,*	Hessen Germany
8. *Full Name of Father,*	Henry Finsmeister
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return	Mrs Hiller
Address,	2127 W Pratt St
Remarks,	

1893 0 0 0 1227

Wm. J. C. Dulany Co., City Printers and Stationers.

The Board shall not furnish as far as the same can be ascertained, the full name of each child, if any, shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-16-52

RETURN OF A BIRTH.

48349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen McCracken	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 29th 1893
4. Place of Birth, (Street and Number)	128 E. Gilting St
5. Full Name of Mother,	Clara A McCracken
6. Mother's Maiden Name,	Clara A Perkins
7. Mother's Birthplace,	Alexandria Va
8. Full Name of Father,	Jos W. McCracken
9. Father's Occupation	Clerk
10. Father's Birthplace,	Balto-
Name of Medical Attendant, or other person who makes this Return,	B F Phillips
Address,	753 Wilmington Av
Remarks,	

1893 000 2228

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 4850.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9-
1. *Sex, (state whether male or female)*	F.
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	June 29-93
4. *Place of Birth, (Street and Number)*	402 E North Ave
5. *Full Name of Mother,*	Hester Mynnis
6. *Mother's Maiden Name,*	Bush-
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Wm Mynnis
9. *Father's Occupation*	Common Merchant
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Impellitteri
Address,	209 S Monroe St
Remarks,	

1893 0 0 0 2229

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 3-22-57 A 48351

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Bartholomew ~~Hester~~ Hester

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 30 - 93
4. Place of Birth, (Street and Number) 1112 N. Wolfe
5. Full Name of Mother, Emma L. Hester
6. Mother's Maiden Name, Wheatley
7. Mother's Birthplace, "Md"
8. Full Name of Father, Peter W. J. Hester
9. Father's Occupation, Machinist
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 92 Md Donogh

Remarks,

1893 0 0 0 2 2 3 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, &c., the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 30
4. *Place of Birth, (Street and Number)*	1103 Hanbut St
5. *Full Name of Mother,*	Mrs Ann Dempsey
6. *Mother's Maiden Name,*	Delaney
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Dempsey
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann Dempsey
Address,	1112 Hanbut St
Remarks,	

1 0 9 3 0 0 0 1 2 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 30/93.
4. *Place of Birth, (Street and Number)*	1117 William St
5. *Full Name of Mother,*	Emma Dora Brown
6. *Mother's Maiden Name,*	" " Ludwig
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Joshua R. Brown Jr
9. *Father's Occupation*	Canmaker
10. *Father's Birthplace;*	Balto Md
Name of Medical Attendant, or other person who makes this Return	Lulie Minnick
Address,	1117 Lanvale St
Remarks,	1893000232

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 20. 1893
4. *Place of Birth, (Street and Number)*	402 Lewis st
5. *Full Name of Mother,*	Sarah E Thomas
6. *Mother's Maiden Name,*	Sarah Brown
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	William E Thomas
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Caroline Patterson
Address,	401 Lewis st
Remarks,	Done well as can expect

1893000223

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner And within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	(30 June 30 – 93
4. Place of Birth, (Street and Number)	2043 E. Eager
5. Full Name of Mother,	Kate Berner
6. Mother's Maiden Name,	" Ulrich
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John M. Berner
9. Father's Occupation,	Agent
10. Father's Birthplace,	Phila. Pa
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	912 McDonogh
Remarks,	

+ 8 9 3 3 0 0 2 2 3 4

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 30 th 1893
4. *Place of Birth, (Street and Number)*	# 337 Collins Str East
5. *Full Name of Mother,*	Mrs Pauline Haring
6. *Mother's Maiden Name,*	Mis : Keller
7. *Mother's Birthplace,*	Sacksen Germany
8. *Full Name of Father,*	Franz Haring
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Sacksen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Miller
Address,	2127 N Ball St
Remarks,	

1893000 2235

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-22-57

A 4837

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born June 30th 1893
4. *Place of Birth, (Street and Number)*	# 330 Monroe Str
5. *Full Name of Mother,*	Mrs Caroline Dorsniger
6. *Mother's Maiden Name,*	Wife " Ulrich
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Henry Dorsniger
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Mrs. Miller
Address,	277 W Balt St
Remarks,	1893000236

Every physician, midwife or other person who shall attend the birth of any child, shall, within ten days after such birth, fill out the blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A. 18358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 1 — 1893
4. Place of Birth, (Street and Number) 1614 Gough St.
5. Full Name of Mother, Martha Otto Wardenberg
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Hugo Otto
9. Father's Occupation Store Pollisher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1893 0 0 0 2 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been registered) its sex, color, the full name and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the officer or practioner of midwifery, of the person or parents of such shall occur without the attendance of a physician it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L 4335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2/93
4. Place of Birth, (Street and Number) 114 N Bradford ste.
5. Full Name of Mother, Annie Mc Donald
6. Mother's Maiden Name, " Hubran
7. Mother's Birthplace, Balto.
8. Full Name of Father, Thomas Edw. Mc Donald
9. Father's Occupation Laborer
10. Father's Birthplace, Cumberland. Md.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1893000022308

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 48360

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race) Polish Jew
3. Date of Birth, Sunday July 2. 1893
4. Place of Birth, (Street and Number) 223 S. Green St.
5. Full Name of Mother, Rose Bradens
6. Mother's Maiden Name, Raukens
7. Mother's Birthplace, Russia
8. Full Name of Father, George Bradens
9. Father's Occupation,
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return — Lewis M Eastman

Address, 772 W. Lexington St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 48361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2d
4. Place of Birth, (Street and Number) 622 N. Loudard
5. Full Name of Mother, Francis Burley
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr. O.B. Stone

Address, 622 N. Loudard St.

Remarks,

1893000 1240

Wm. C. Dulany Co., City Printers and Stationers

The Physician or Midwife in attendance upon any birth which may have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A. 48367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 June 1873
4. *Place of Birth, (Street and Number)* 26 S Eden St
5. *Full Name of Mother,* Rachel Adler
6. *Mother's Maiden Name,* Hobles
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Levy Adler
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Silverman

Address, 62 Albemarle St

Remarks,

Health. This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred;) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 6 9 3 0 0 0 2 2 4 1

RETURN OF A BIRTH. A 48363.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the attendance of a physician or practioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health, In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6d
1. *Sex, (state whether male or female)*	M.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 3/93
4. *Place of Birth, (Street and Number)*	2512 Kelso st
5. *Full Name of Mother,*	Sarah E Carrick
6. *Mother's Maiden Name,*	Sarah E Brashears
7. *Mother's Birthplace,*	Pg Co Md
8. *Full Name of Father,*	Thos L Carrick
9. *Father's Occupation*	Policeman
10. *Father's Birthplace,*	Pg Co Md
Name of Medical Attendant, or other person who makes this Return	A C Poles
Address,	2038 Madison Ave
Remarks,	1893000 2242

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* a
3. *Date of Birth,* 3d June 1893
4. *Place of Birth, (Street and Number)* 31 E Hill St
5. *Full Name of Mother,* Carrie Martin
6. *Mother's Maiden Name,* Baker
7. *Mother's Birthplace,* Annapolis Md
8. *Full Name of Father,* Charles Martin
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Georgetown D.C.

Name of Medical Attendant, or other person who makes this Return Elizabeth Green M

Address, 436 E Fort ave

Remarks,

1093000243

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3/93
4. Place of Birth, (Street and Number) 2511 Forster Ave.
5. Full Name of Mother, Annie Beyer
6. Mother's Maiden Name, " Eisers
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Beyer
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenhyler

Address, 2225 Gough str.

Remarks,

1093000824

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd June 193
4. Place of Birth, (Street and Number) 1216 Canton St.
5. Full Name of Mother, Diana Agnes O'Hara
6. Mother's Maiden Name, Lugan
7. Mother's Birthplace, Kalud Co. Md.
8. Full Name of Father, Francis P. O'Hara
9. Father's Occupation Employee Baltimore Elevator Co.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. F. Liersmann

Address, 1225 Hanover Street.

Remarks,

1 5 9 3 0 0 0 2 4 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 4th
4. *Place of Birth, (Street and Number)*	1315 Lanvale - St.
5. *Full Name of Mother,*	Emily Hayes Farrant
6. *Mother's Maiden Name,*	Emily Hayes
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Alfred Farrant
9. *Father's Occupation,*	Merchant Tailor
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Henry Chandlee M.D.
Address,	1073 Linden Ave
Remarks,	

B 1930002246

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of the birth of any child said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the other person be in attendance upon the mother, immediately thereafter, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 48367.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 4th 93
4. Place of Birth, (Street and Number) 349 Hanover St
5. Full Name of Mother, Ida Morgan
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr C H Lamed

Address, 627 N. Lombard St.

Remarks,

8 9 3 0 0 0 2 2 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48369.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* F-
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 4 -
4. *Place of Birth, (Street and Number)* 329 Reg.
5. *Full Name of Mother,* Mary Swanson
6. *Mother's Maiden Name,* " Mench
7. *Mother's Birthplace,* a
8. *Full Name of Father,* Chas P Swanson
9. *Father's Occupation,* Cashier -
10. *Father's Birthplace,* a

Name of Medical Attendant, or other person who makes this Return, Forrence

Address,

Remarks,

1 8 9 3 0 0 0 2 2 4 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY (CITY PRINTER AND STATIONER).

RETURN OF A BIRTH.

A 48370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 6.
4. *Place of Birth, (Street and Number)*	1238 Sharp St
5. *Full Name of Mother,*	Annie Sullivan
6. *Mother's Maiden Name,*	Sheehan
7. *Mother's Birthplace,*	Mass.
8. *Full Name of Father,*	Dan Sullivan
9. *Father's Occupation*	Foreman of Founders Shop
10. *Father's Birthplace,*	Mass
Name of Medical Attendant, or other person who makes this Return,	J C Burch MD
Address,	511 Hanover St
Remarks,	

8930002249

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 7-24-50

RETURN OF A BIRTH. A-148371.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Elizabeth Myers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 7 — 1893
4. Place of Birth, (Street and Number) 216 S. Caroline St.
5. Full Name of Mother, Margaret ~~Margretha Meyers~~ Myers
6. Mother's Maiden Name, Wallenwein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William ~~Meyers~~ Myers
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E Pratt St.

Remarks,

8 9 3 0 0 0 2 5 0

Wm. J. C. Dulany Co., City Printers and Stationers

Every midwife shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 7th

4. Place of Birth, (Street and Number) 663 Vine St.

5. Full Name of Mother, Mamie Dawkins

6. Mother's Maiden Name,

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. O.B. Stone

Address, 622 W. Lombard St.

Remarks,

1893000 2251

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. C 48373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th June 1893
4. Place of Birth, (Street and Number) 1246 Big Mc Elderry St
5. Full Name of Mother, Rachel Miller
6. Mother's Maiden Name, Lasher
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Miller
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 1246 McElderry St

Remarks, 18930002252

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate for birth of any child third day of each and every month to the office of the Commissioner of Health. In case the other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no parents of such child to report its birth as aforesaid, the duty of the person or persons so required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 7 June

4. Place of Birth, (Street and Number) 539 E. Kent St

5. Full Name of Mother, Mary Nigel

6. Mother's Maiden Name, Mary Dove

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Gust Nigel

9. Father's Occupation Cabinetmaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Wm. F. Kirkwood

Address, 506 N. High St

Remarks,

1893000253

Wm. J. C. Dulany Co., City Printers and Stationers.

If any child born in the City of Baltimore shall not have received a name within ten days after birth, the Registrar of Vital Statistics shall enter on the Register the name of such child as directed by the parent or guardian, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 4837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 8th 1893
4. Place of Birth, (Street and Number) No 20 Landsdowne Lane
5. Full Name of Mother, Mary Kath J Schaffer
6. Mother's Maiden Name, Bitzenhofer
7. Mother's Birthplace, Adams Co. Pa.
8. Full Name of Father, Father
9. Father's Occupation Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Lenhart

Address, No 1162 Monroe

Remarks,

1893000225 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-48376.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth.*	June 8th 1893.
4. *Place of Birth, (Street and Number)*	W. 743 Hillen Place
5. *Full Name of Mother.*	Mary Keith.
6. *Mother's Maiden Name.*	" J. Brunner
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father.*	Charles Keith.
9. *Father's Occupation*	Upholsterer.
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Chas. S. Adamant.
Address.	W. Pratt & Monument sts.
Remarks.	

1893 0007255

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month; and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been christened) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 8th 93.
4. Place of Birth, (Street and Number) 432 Elbow Lane
5. Full Name of Mother, Harrietta Jackson
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. C. H. Famed.

Address, 622 W. Lombard St.

Remarks,

1893 0 0 0 2 2 5 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 8th
4. *Place of Birth, (Street and Number)* 936 S. Eutaw St
5. *Full Name of Mother,* Mary F. Anthony
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr. O.B. Stone

Address, 622 W. Fayette St.

Remarks,

1893 0 0 2257

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation, of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

GIVEN NAME ADDED 10-11-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Grace ~~Wells~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 &c

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Male
3. Date of Birth, 8 & Jun 1893
4. Place of Birth, (Street and Number) Hanlan St 11
5. Full Name of Mother, Kate Wells
6. Mother's Maiden Name, Kate Hambach
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Andrew J Wells
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 113 Eastern ave

Remarks,

6 9 3 8 0 0 1 2 5 8

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered with to the office of the Commissioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 45380.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8/93
4. Place of Birth, (Street and Number) 120. N. Bradford str.
5. Full Name of Mother, Katie Ward
6. Mother's Maiden Name, " Greby
7. Mother's Birthplace, Balto.
8. Full Name of Father, W. J. Ward
9. Father's Occupation, Potter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mr. Deisenhofer

Address, 2225 Gough sts.

Remarks,

8930002259

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 1238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 6th June 1893
4. *Place of Birth, (Street and Number)* 1132 Hollins St
5. *Full Name of Mother,* Mary C. Keefe
6. *Mother's Maiden Name,* Mary Tully
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* David A. Keefe
9. *Father's Occupation* Barkeeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Dr. J. Wm Smedmite

Address, 1506 Hull St.

Remarks,

1893000 2260

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-6-5-8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Benny

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9/93
4. Place of Birth, (Street and Number) 236 W. Mountford Ave.
5. Full Name of Mother, Laura Benny
6. Mother's Maiden Name, Mohr
7. Mother's Birthplace, Balto.
8. Full Name of Father, Robert W. Benney
9. Father's Occupation Painter
10. Father's Birthplace, Balto,

Name of Medical Attendant, or other person who makes this Return, Mrs. Heidenhofer

Address, 2225 Gough St.

Remarks,

8 9 3 0 0 0 2 2 6 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth; and the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child to the office of the Customer of midwifery, or should no other person or parents of such third day of each and every month of a physician or practitioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the shall occur without the Commissioner of Health, in the manner and within the provisions of this section shall be subchild to report its birth to the Commissioner of Health to comply with the provisions of other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail jected to the fine of ten (10) dollars for each offence, to be recovered as

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. E 8383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 9th 1893
4. Place of Birth, (Street and Number) 8 Upper Heights, Woodberry, Balto.
5. Full Name of Mother, Sarah Lottie Stelfox
6. Mother's Maiden Name, Sarah L. Powell
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, Silvester B. Stelfox
9. Father's Occupation, Operative in Cotton Factory
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower, M.D.

Address, 1421 Roland Ave. Roland Park

Remarks,

1893 00 02262

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10th
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Belle Collins
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. C. H. Parnell.

Address, 622 N. Lombard St.

Remarks,

8930002263

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained: the full name of each child, (if any shall have been conferred;) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10 93
4. Place of Birth, (Street and Number) 2872 Lanvale st
5. Full Name of Mother, Clarice May Thamsend
6. Mother's Maiden Name, Clara L Griffith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Everit Thamsend
9. Father's Occupation, Cut driver
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Mary J Pengy

Address, 2891 Lanvale st

Remarks,

893000022 64

THE J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A4336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 16, 23
4. *Place of Birth, (Street and Number)* 1620 E. Monument St.
5. *Full Name of Mother,* Anna C. Stadtmueller
6. *Mother's Maiden Name,* Diemer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John L. C. Stadtmueller
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Geo. Caroline Mueller

Address, 605 Walker St. Balto Md.

Remarks,

1893000 2265

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A4387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 June 1893
4. *Place of Birth, (Street and Number)* 222 E Pratt St
5. *Full Name of Mother,* Lena Rose
6. *Mother's Maiden Name,* Yanuk
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Morris Rose
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Shevenson

Address, 42 Albemarle St

Remarks,

1893 0002266

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 June
4. *Place of Birth, (Street and Number)* 19 Neighbor St
5. *Full Name of Mother,* Mary Gallagher
6. *Mother's Maiden Name,* Mary Laverty
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Gallagher
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return Mary A. Cook midwife

Address, 19 Neighbor St.

Remarks,

1893000 2267

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 48389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirteen

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 11th
4. *Place of Birth, (Street and Number)* 9-7 Bruce St
5. *Full Name of Mother,* Annie Harris
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr. C. H. Famed

Address, 622 N Lombard St.

Remarks,

1893000 2266

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. E 48390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11/93
4. Place of Birth, (Street and Number) 1602 Canton Ave.
5. Full Name of Mother, Mary Schwarz
6. Mother's Maiden Name, Wilhelm
7. Mother's Birthplace, Balto.
8. Full Name of Father, John D. Schwarz
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenbottles

Address, 2225 Gough str.

Remarks,

1893000 2269

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A4391.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 –
1.	*Sex, (state whether male or female)*	M –
2.	*Race or Color, (if not of the white race)*	white
3.	*Date of Birth,*	June 11 –
4.	*Place of Birth, (Street and Number)*	2239 Jefferson –
5.	*Full Name of Mother,*	Hannie Monroe
6.	*Mother's Maiden Name,*	" Clark
7.	*Mother's Birthplace,*	a
8.	*Full Name of Father,*	Sylvester Monroe
9.	*Father's Occupation,*	mechanic
10.	*Father's Birthplace,*	a
	Name of Medical Attendant, or other person who makes this Return,	J C Brack
	Address,	Bond St.
	Remarks,	

1893 0002270

The Physician or Midwife in attendance upon any birth shall, within ten days after the birth, report to the Commissioner of Health a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 48397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11th
4. Place of Birth, (Street and Number) 227 N. Loudard St
5. Full Name of Mother, Maggie Estep
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. O.B. Stone

Address, 227 N. Loudard St.

Remarks,

1893000 2271

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. E 48393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 11th January 1893
4. Place of Birth, (Street and Number) 5'30 E Fort Ave
5. Full Name of Mother, Sallie Bolander
6. Mother's Maiden Name, Zebrowski
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Bolander
9. Father's Occupation Clerks
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Elizabeth Jewell

Address, 436 E. Fort Ave

Remarks, 1893000 2272

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

1834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~2007~~ 11 June 1893
4. Place of Birth, (Street and Number) 307 Milton place
5. Full Name of Mother, Henrietta Cohn
6. Mother's Maiden Name, Dreyer
7. Mother's Birthplace, City of New York
8. Full Name of Father, Victor Cohn
9. Father's Occupation Drummer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E. Wiemann

Address, 42 Warwick

Remarks, 1893000273

Every physician or midwife shall, within ten days after the birth of any child which he has attended during parturition, make a return of the birth to the Commissioner of Health, which return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 th June 1893
4. Place of Birth, (Street and Number) 432 E Clement st
5. Full Name of Mother, Ursula Cannon
6. Mother's Maiden Name, Cannon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Columbus Cannon
9. Father's Occupation Waterman
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 436 E Fort Ave

Remarks, 1893 0002274

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 11th June 1893
4. Place of Birth, (Street and Number) 115 E Cross St.
5. Full Name of Mother, Margaret Riggins Elinton
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Riggins
9. Father's Occupation Shipsmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jarrell

Address, 436 E Fort Ave

Remarks,

1893 0 0 0 2 2 7 5

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 12 th June 1893

4. Place of Birth, (Street and Number) 432 E Fort Ave

5. Full Name of Mother, Rose Harrigan

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Harrigan

9. Father's Occupation Pipefitter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 436 E Fort Ave

Remarks,

1893 0 0 0 2 2 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 48398.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 June 1893
4. Place of Birth, (Street and Number) 1306 E Fratt St
5. Full Name of Mother, Rose Gillen
6. Mother's Maiden Name, Parker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Andrew Gillen
9. Father's Occupation Driver
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return. E Scherneau

Address, 42 Albemarle St

Remarks,

1893000277

Every child born within the City of Baltimore shall be registered within ten days after birth, and it shall be the duty of the physician or midwife in attendance upon any birth, and in case there is no physician or midwife in attendance, then the father, mother, householder or other person having knowledge of the facts, to report the same to the Commissioner of Health within the time aforesaid, and for each neglect the person offending shall be liable to a fine of ten dollars. The certificate required to be given to the parent or person having charge of any child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 48399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 June 1893
4. *Place of Birth, (Street and Number)* 13 Market Space
5. *Full Name of Mother,* Rachel Freedman
6. *Mother's Maiden Name,* Selbstine
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Freedman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 22 Albemarle St

Remarks,

8930002278

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 12th
4. Place of Birth, (Street and Number) 622 N Fouland st
5. Full Name of Mother, Josephine Nelson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. C H Jones

Address, 622 N Fouland st.

Remarks,

1893000279

Wm. J. C. Dulany Co., City Printers and Stationers

Births, also births not born alive as the same can be ascertained, the full name of each child, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th 1893.
4. *Place of Birth, (Street and Number)* 1629 Federal St
5. *Full Name of Mother,* Agnes Ludwig
6. *Mother's Maiden Name,* Agnes Wandt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lincoln Ludwig
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* York Co Pa

Name of Medical Attendant, or other person who makes this Return, W B Perry MD

Address, 700 E Chase St

Remarks,

1893000228 0

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 18407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13/93
4. Place of Birth, (Street and Number) 2039 Keyser str.
5. Full Name of Mother, Cecilia Schaech
6. Mother's Maiden Name, Roth
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Jacob J. Schaech
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenhofer

Address, 2225 Gough str.

Remarks,

1 8 9 3 0 0 0 2 2 8 1

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 48403

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 13 - 1893
4. Place of Birth, (Street and Number) 1395 E Baltimore St.
5. Full Name of Mother, Katharine Maden
6. Mother's Maiden Name, Koenig
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Maden
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E Pratt St.

Remarks,

18930009282

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 48404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female Reinhardt
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 13 93
4. *Place of Birth, (Street and Number)*	924 Ashland Ave
5. *Full Name of Mother,*	S. E. Ofdyke
6. *Mother's Maiden Name,*	S. E. Redecker
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	S. E. Ofdyke
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	N. J.
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	716 E. Preston St.
Remarks,	

1893000 2283

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form or a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 13th 93.
4. Place of Birth, (Street and Number) 633 S. Caroll St.
5. Full Name of Mother, Ellen Brooks
6. Mother's Maiden Name, Ellen Foley.
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Thos. J. Brooks
9. Father's Occupation, Foreman.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, W. B. Penny M.D.

Address, 1000 E. Chase St.

Remarks,

1893000228 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 June 1893
4. Place of Birth, (Street and Number) 916 E Lanvale St
5. Full Name of Mother, Bessie Morris
6. Mother's Maiden Name, Cohen
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris Morris
9. Father's Occupation Store keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Shannon

Address, 42 Albemarle St

Remarks,

1893000 2285

Every child born in this City shall be registered by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 June 1893
4. Place of Birth, (Street and Number) 214 S. High St.
5. Full Name of Mother, Mary Ann Logue
6. Mother's Maiden Name, Mary Reilly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Logue
9. Father's Occupation, Helper Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Mitchell

Address, 121 Alabama Ave

Remarks, 1893 0002286

Note. The Sexton shall collect a fee of fifty cents for each Return of Burial which he receives under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 178408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13.
4. Place of Birth, (Street and Number) 611 N Hamburg St
5. Full Name of Mother, Clara Spencer
6. Mother's Maiden Name, " Herman
7. Mother's Birthplace, City
8. Full Name of Father, Richard L. Spencer
9. Father's Occupation. Painter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Dr J Bench Jr MD

Address, 571 Hamburg St

Remarks.

8 9 3 0 0 0 2 8 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 48209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins

1. Sex, (state whether male or female) one Girl and Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13/98
4. Place of Birth, (Street and Number) 2027 Bank str.
5. Full Name of Mother, Kate ~~Byatour~~ Gough
6. Mother's Maiden Name, Kate Byatour
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Patrick Gough
9. Father's Occupation Stevedore
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Diedenhofer

Address, 2225 Gough str.

Remarks,

8 9 3 0 0 0 2 2 8 8

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 7-22-54

RETURN OF A BIRTH A 4840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Lillian — Rupp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13 1893
4. Place of Birth, (Street and Number) Salem st No 213
5. Full Name of Mother, Sophia Mary Rupp
6. Mother's Maiden Name, Sophia M Roter
7. Mother's Birthplace, Europe Germany
8. Full Name of Father, Frank J Rupp
9. Father's Occupation, No Particular Occupation
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return. Rupp

Address, 2021 West Fayette st

Remarks,

1893 00042089

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

growth, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the midwife in the first of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 45411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14/93
4. Place of Birth, (Street and Number) 5. S. Port str.
5. Full Name of Mother, Mina Mueller
6. Mother's Maiden Name, Johns
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Mueller
9. Father's Occupation, Taylor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 225 Lough st.

Remarks, 1893000 2290

Wm. J. C. Dulany Co., City Printers and Stationers.

A-4841r.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14th 1898
4. Place of Birth, (Street and Number) 1605 Aisquith St.
5. Full Name of Mother, Ella E Burton
6. Mother's Maiden Name, Ella E Conrad
7. Mother's Birthplace, Cleveland, Balto. County
8. Full Name of Father, Geo L Burton
9. Father's Occupation, Wagon Maker
10. Father's Birthplace, Gutwood, Balto County

Name of Medical Attendant, or other person who makes this Return, Martha A Taylor

Address, 1600 East Lanvale

Remarks,

5930002291

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

The following blanks have been issued under the provisions of the Act of Assembly, passed at the session of 1898, Chapter 123, and shall be filled out as far as the same can be ascertained. The name and occupation of its parents, the date and place of birth, and the full name of each child of which the mother has been delivered, the date and place of birth; and the month, and shall set forth as the full name and occupation of its parents, the date and place of birth of any child born alive, the sex, color, the practitioner in the case, the date and place of birth of any child born alive, the sex, color, the practitioner in the case, the date and place of birth of any child born alive, the sex, color, the practitioner in the case

RETURN OF A BIRTH. A 78413.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15/93
4. Place of Birth, (Street and Number) 2547 Eastern Ave.
5. Full Name of Mother, Louise B. Lawrence
6. Mother's Maiden Name, " " Uhlrich
7. Mother's Birthplace, Germany
8. Full Name of Father, John Lawrence
9. Father's Occupation, Saloonkeeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough st.

Remarks,

8930002292

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. B 4344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 23
4. *Place of Birth, (Street and Number)* 107 Guilford Ave
5. *Full Name of Mother,* Lizzie McWhirter
6. *Mother's Maiden Name,* Lizzie Lynch
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* John McWhirter
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return A Bluemyer

Address, 700 E. Chase St.

Remarks,

8930002293

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, which shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 1945.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* June 16, 93
4. *Place of Birth, (Street and Number)* 116 E. Eager St.
5. *Full Name of Mother,* Pauline Riehl
6. *Mother's Maiden Name.* Seattle
7. *Mother's Birthplace.* Germany
8. *Full Name of Father,* George Riehl
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Caroline Miller

Address, 116 Walker St. 116 Walker St.

Remarks, 1893 0002294

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered month to the office of the Commissioner of Health. In case no other person be in third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner in midwifery, or should no one or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 16. 1893
4. *Place of Birth, (Street and Number)*	St Vincents Infant Asylum
5. *Full Name of Mother,*	Mary Daly
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	L. A. Keene M. D.
Address,	1520 Druid Hill Ave
Remarks,	

8930002275

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 4947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16/93
4. Place of Birth, (Street and Number) 2105 E. Fayette stre.
5. Full Name of Mother, Elisabeth Geiger
6. Mother's Maiden Name, " Weller
7. Mother's Birthplace, Balto
8. Full Name of Father, Andrew Geiger
9. Father's Occupation Cooper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dershenbefer

Address, 2225 Gough sty

Remarks,

1893 0 0 0 2 2 9 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 45418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16/98
4. Place of Birth, (Street and Number) 1624 E. Fayette str
5. Full Name of Mother, Mary A. Lamm
6. Mother's Maiden Name, " " Flynn
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank J. Lamm
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough str.

Remarks,

1 8 9 3 0 0 0 2 2 9 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 16

4. Place of Birth, (Street and Number) 736 N. Eutaw

5. Full Name of Mother, Ada Duvall

6. Mother's Maiden Name, Tullis

7. Mother's Birthplace, Allegany Co. Md

8. Full Name of Father, Robert H. Duvall

9. Father's Occupation, Gas Fitter

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Dr Benj. Test

Address, 571 Hanover St

Remarks,

1893 00022988

Henry Clay Duvall

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48430.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1893
4. Place of Birth, (Street and Number) 619 N. Lombard St
5. Full Name of Mother, Martha Fisher
6. Mother's Maiden Name, Do. Holstein
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Saml Fisher
9. Father's Occupation, Salesman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. C. A. Lehgnaud M.D.

Address, 519 N. Lombard St

Remarks,

8 9 3 0 0 0 2 2 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 3-24-58

RETURN OF A BIRTH.

A 48121.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~William Edward Byrd~~ 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16th January 1893
4. Place of Birth, (Street and Number) 1314 William St
5. Full Name of Mother, Emma ~~First~~ Byrd
6. Mother's Maiden Name, Mueller
7. Mother's Birthplace, Norfolk Va
8. Full Name of Father, Harry ~~Bird~~ Byrd
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Elizabeth Gessell

Address, 1306 Fort Ave

Remarks,

1893000300

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH.

E 48477.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17/98
4. Place of Birth, (Street and Number) 2216 Eastern Ave.
5. Full Name of Mother, Mary Fay "
6. Mother's Maiden Name, Whilan
7. Mother's Birthplace, Balto.
8. Full Name of Father, Patrick Fay
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mrs. Derbenhofer

Address, 2225 Fleet St.

Remarks, 1893000230 1

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH A. 48673.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 7th
4. Place of Birth, (Street and Number) 622 W. Lombard st
5. Full Name of Mother, India Mays.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. C. H. Jones

Address, 622 W. Lombard, st.

Remarks,

8930002302

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 1874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 17 — 1893
4. Place of Birth, (Street and Number) 1006 Granby St.
5. Full Name of Mother, Dora Garland
6. Mother's Maiden Name, Roesler
7. Mother's Birthplace, Detroit Mich.
8. Full Name of Father, William Garland
9. Father's Occupation, Commission Dealer
10. Father's Birthplace, Boston Mass.

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 1427 E Fort Ave.

Remarks,

T 0 9 3 0 0 0 2 3 0 3

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 18425.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17/93
4. Place of Birth, (Street and Number) 2125 Eastern Ave.
5. Full Name of Mother, Annie Robinson
6. Mother's Maiden Name, Clocks
7. Mother's Birthplace, Balto
8. Full Name of Father, Benjamin Robinson
9. Father's Occupation Taylor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Carpenter

Address, 2225 Gough St

Remarks,

8 9 3 0 0 0 2 3 0 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48276.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17
4. Place of Birth, (Street and Number) 578 W Lee St
5. Full Name of Mother, Helen Hoffman
6. Mother's Maiden Name, " Kenney
7. Mother's Birthplace, Harford County
8. Full Name of Father, Wm Hoffman
9. Father's Occupation B & O Transportation Operation
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, J C Bruce Asst

Address, 571 Stevens St

Remarks,

8930600305

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17
4. Place of Birth, (Street and Number) 1419 Fulton St
5. Full Name of Mother, Augusta Brown
6. Mother's Maiden Name, Ellis
7. Mother's Birthplace, Penn
8. Full Name of Father, John Brown
9. Father's Occupation Glass blower
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J. C. Bender M.D

Address, 5718 Fremont St

Remarks,

6930002306

Wm. J. C. Dulany Co., City Printers and Stationers.

Note, the name of the child is not to be entered as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 48478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	June 17th 1893
4. *Place of Birth, (Street and Number)*	Holywood Norwich Ave
5. *Full Name of Mother,*	Anna L. Ricker
6. *Mother's Maiden Name,*	Anna L. Galloway
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles M. Ricker
9. *Father's Occupation,*	Florist
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who may sign this Return	E. J. Wise
Address,	Waverly
Remarks,	

8930002307

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of not more dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 48429

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within SIX days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	June 17th
4. *Place of Birth, (Street and Number)*	1321 W. North Ave.
5. *Full Name of Mother.*	Mary Falconer Bruton
6. *Mother's Maiden Name.*	Mary Falconer
7. *Mother's Birthplace.*	Frederick City Md.
8. *Full Name of Father.*	Charles Edgar Bruton
9. *Father's Occupation.*	Hardware
10. *Father's Birthplace.*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Flora A. Brewster M.D.
Address.	1721 Madison Ave.
Remarks.	

0753000 2308

...Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48430.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 17 th 1893
4. *Place of Birth, (Street and Number)* Baltimore City 116 Lanvale St
5. *Full Name of Mother,* Lena Davis
6. *Mother's Maiden Name,* Lena Mccall
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles H Davis
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Shaffer

Address, 116 Lanvale St

Remarks,

8930002309

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK U SAFETY FILM

RETURN OF A BIRTH

A. 48631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* June 3 1893
4. *Place of Birth, (Street and Number)* 816 Calhoun
5. *Full Name of Mother,* Mary Gibson
6. *Mother's Maiden Name,* Gale
7. *Mother's Birthplace,* Capitol Station
8. *Full Name of Father,* Edgar Scruggs
9. *Father's Occupation* Bath Attd
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Dr Walter Scott

Address, 1100 Walker St

Remarks, 8930002310

Wm. J. C. Dulany Co., City Printers and Stationers.

A. 48437

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	June 17th 1893
4.	*Place of Birth, (Street and Number)*	Woodberry Ave. West Woodberry, Balto.
5.	*Full Name of Mother,*	Elsie Margaret Patterson
6.	*Mother's Maiden Name,*	Elsie M. Klinefelter
7.	*Mother's Birthplace,*	York Co. Pa.
8.	*Full Name of Father,*	Joseph Henry Patterson
9.	*Father's Occupation,*	Tool maker
10.	*Father's Birthplace,*	Balto. Co. Md
	Name of Medical Attendant, or other person who makes this Return,	Geo. T. Shower, M. D.
	Address,	421 Roland Ave. Hampden.
	Remarks,	Period of Gestation seven months. Child died soon after birth.

Issued 1-08-93 0 0 0 2 3 1 1

SUN J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 48433.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, June 17. 1893.
4. Place of Birth, (Street and Number) 1208- Harlem Avenue
5. Full Name of Mother, Mrs. Pauline Cecilia Ford
6. Mother's Maiden Name, Miss. Pauline Cecilia Uniacke
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr. Ignatius Pembroke Ford
9. Father's Occupation, Broker
10. Father's Birthplace, St. Marys Co. Maryland

Name of Medical Attendant, or other person who makes this Return, Alfred Hodgson, M.D.

Address, 1235- W- Lafayette Avenue

Remarks, Baby's name is Ignatius Reginald Ford

8 9 3 0 2 3 1 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourteenth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday June 18th 1893
4. *Place of Birth, (Street and Number)*	914 Canton St
5. *Full Name of Mother,*	Susan Agnes Moore
6. *Mother's Maiden Name,*	Susan Agnes Marshall
7. *Mother's Birthplace,*	near Batavia Clermont Co. Ohio
8. *Full Name of Father,*	Wm. Smith Moore
9. *Father's Occupation*	Rail driller
10. *Father's Birthplace,*	Hopewell Chester Co Penna
Name of Medical Attendant, or other person who makes this Return.	Miss P. Liersemann
Address,	1225 Hare street.
Remarks,	

8 9 3 0 0 0 2 3 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 19 93
4. *Place of Birth, (Street and Number)*	~~1333 West St.~~ 1333 West St
5. *Full Name of Mother,*	Kate Parr
6. *Mother's Maiden Name,*	Kate Kelly
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	John Parr
9. *Father's Occupation,*	Stone cutter
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	716 S. Fusten St
Remarks,	

8 9 3 0 0 0 2 3 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8/5/66

RETURN OF A BIRTH. 18406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FRANK BLAKE ~~LAMBIE~~ LAMBIE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 20th 1893
4. Place of Birth, (Street and Number) N° 319 Selma Place.
5. Full Name of Mother, Emma A. Lambie
6. Mother's Maiden Name, " " Rogers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John N. Lambie
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Annie Lindsay

Address, N° 16 E. Monument St.

Remarks,

8930002315

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48437.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20/90
4. Place of Birth, (Street and Number) 2526 Canton Ave.
5. Full Name of Mother, Francis Oehm
6. Mother's Maiden Name, " Rechmann
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. Oehm
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer

Address, 2225 Gough st.

Remarks,

8 9 3 0 0 0 2 3 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48438.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20/93
4. Place of Birth, (Street and Number) 207 Essex str.
5. Full Name of Mother, Wilhelmina Dunger
6. Mother's Maiden Name, " Lentz
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Dunger
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jno. Heisenhayer

Address, 2225 Gough str

Remarks,

8 9 3 0 0 0 2 3 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner of midwifery, or the person or parents of such shall occur without the mother, immediately thereafter fail to comply with the provisions of this section shall be subattendance upon the birth to the Commissioner of Health, in the manner and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 48439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 20th

4. Place of Birth, (Street and Number) 622 N. Lombard St

5. Full Name of Mother, Emma Adams

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Stone

Address, 622 N. Lombard St.

Remarks,

1893 0002318

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 18440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Reed Gaither 8 m
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	20 m January 1893
4. Place of Birth, (Street and Number)	11 W Hamburg St
5. Full Name of Mother,	Minnie Gaither
6. Mother's Maiden Name,	Horner
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Julius Gaither
9. Father's Occupation	Waiter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Agnew
Address,	436 E Fort ave
Remarks,	

8 9 3 0 0 0 2 3 1 9

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and above required to report its birth in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 18441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 20th June 1893
4. Place of Birth, (Street and Number) 1007 Riverside Ave
5. Full Name of Mother, Laura Pearman
6. Mother's Maiden Name, Joice
7. Mother's Birthplace, West River A. A. Co
8. Full Name of Father, James Pearman
9. Father's Occupation Malt yeast
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Sprecell

Address, 436 E Pont Ave

Remarks, 1893000 2320

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. A 48447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th
4. Place of Birth, (Street and Number) 622 W. Lombard
5. Full Name of Mother, Mary Leary
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. C. W. Dowd

Address, 622 W. Lombard St.

Remarks,

893000 2321

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. L 48243.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21/93
4. Place of Birth, (Street and Number) 1712 Federal str.
5. Full Name of Mother, Barbara Stalmen
6. Mother's Maiden Name, " Schrenker
7. Mother's Birthplace, Germany
8. Full Name of Father, Lewis Stalman
9. Father's Occupation Storekeeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return Mrs. Derbenhofer

Address, 2225 Gough str.

Remarks,

6930002322

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

CERTIFICATE CORRECTED 5-29-51

RETURN OF A BIRTH A 48444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Charles~~ 4 Edmond Pabst

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) 22
3. Date of Birth, June 21 1893
4. Place of Birth, (Street and Number) 611 N. Spring St.
5. Full Name of Mother, Augusta Pabst
6. Mother's Maiden Name, Weissenbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edmund Pabst
9. Father's Occupation Bax Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who made this Return Mary Stein

Address 427 E Pratt St.

Remarks,

8 9 3 0 0 0 3 2 3

Months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49446.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

1893 0 0 0 1 3 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect to report the birth of any child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name and occupation of the practitioner in the form of a certificate between the first and third day of each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parent required, and shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. No. 48446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 2 / 22
4. *Place of Birth, (Street and Number)* 622 N Lombard St
5. *Full Name of Mother,* Mary Morell.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr. O.B Stone

Address, 622 N. Lombard.

Remarks,

1893000 2325

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48447

GIVEN NAME ADDED 8-19-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Watson Lambert 3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) June 21 1893

3. Date of Birth, 1722 Federal

4. Place of Birth, (Street and Number) Annie Frances Virginia Lambert Melchior

5. Full Name of Mother, " " " "

6. Mother's Maiden Name, Balto. Co

7. Mother's Birthplace, Louis Henry Lambert

8. Full Name of Father, Carpenter

9. Father's Occupation, France

10. Father's Birthplace, Wm J. Watson M.D.

Name of Medical Attendant, or other person who makes this Return, 1519 Broadway, Balto

Address,

Remarks, 1893 0002326

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 48418.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17nd 1893
4. Place of Birth, (Street and Number) 1310 Hillman St.
5. Full Name of Mother, Maria Boards
6. Mother's Maiden Name, Maria Cornelious
7. Mother's Birthplace, Ireland
8. Full Name of Father, Henry Boards
9. Father's Occupation Seaman
10. Father's Birthplace, Westminster Md

Name of Medical Attendant, or other person who makes this Return, W B Kemp M.D.

Address, 1900 E. Baltimore St.

Remarks,

8 9 3 0 0 0 2 3 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 48069.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 22 93
4. *Place of Birth, (Street and Number)* 1506 N Durham St
5. *Full Name of Mother,* Katie Stricker
6. *Mother's Maiden Name,* Isaakenburg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Stricker
9. *Father's Occupation* Bath Baker
10. *Father's Birthplace,* Balto. Ind.

Name of Medical Attendant, or other person who makes this Return. Jno Caroline Miller

Address, 1605 Walker St. Balto. Md.

Remarks,

1 8 9 3 0 0 0 2 3 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 78450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 22/93
4. *Place of Birth, (Street and Number)*	1161 N Mount St
5. *Full Name of Mother,*	Thos Corr
6. *Mother's Maiden Name,*	Thos Lee
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Jas Corr
9. *Father's Occupation*	Car Conductor
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return	A C Pole
Address,	2038 Madison Ave
Remarks,	

8 9 3 0 0 0 2 3 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 48461.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 22 June 1893

4. Place of Birth, (Street and Number) 812 Ralis Court.

5. Full Name of Mother, Maxi Jacobin Fiedick

6. Mother's Maiden Name,

7. Mother's Birthplace, City of Balto. Md.

8. Full Name of Father, C. S. Jacobin

9. Father's Occupation Fireman B. and O. R. R.

10. Father's Birthplace, City of Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Fierneman

Address, 1225 Hanover st.

Remarks,

1893000 2330

Wm. C. Dulany Co., City Printers and Stationers

month, and shall set forth after as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

1853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 22d

4. Place of Birth, (Street and Number) 622 W. Lombard

5. Full Name of Mother, Maggie Elliott

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. O.B. Stone

Address, 622 W. Lombard

Remarks,

1 8 9 3 0 0 0 2 3 3 1

The following is a copy of the law as to the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4243.3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, June 23rd

4. Place of Birth, (Street and Number) 622 N. Lombard st

5. Full Name of Mother, Eliza Reynolds

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. C. H. Darned

Address, 622 N. Lombard st.

Remarks,

1893 0 0 2332

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 45484.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23rd
4. Place of Birth, (Street and Number) 622 W. Dunbard st
5. Full Name of Mother, Mary Davis
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. C. H. Garned

Address, 622 W. Dunbard st.

Remarks,

8930002333

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48405.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male the 5th child
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23 1904
4. *Place of Birth, (Street and Number)* N. 12 N. Stanwood court Station
5. *Full Name of Mother,* Elizabeth Matos
6. *Mother's Maiden Name,* Elizabeth Perez
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Samuel Matos
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Alabama

Name of Medical Attendant, or other person who makes this Return, Elizabeth Wicks

Address, Coaled D. C.

Remarks, Attendant.

8 9 3 0 0 0 2 3 3 4 M D

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 184,56.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Male the 2nd child
1. *Sex, (state whether male or female)*	Colored
2. *Race or Color, (if not of the white race)*	June 2 1900
3. *Date of Birth,*	No 292 S Eutaw Bet Lombard & Pratt
4. *Place of Birth, (Street and Number)*	Addie M. K. Thomas
5. *Full Name of Mother,*	Addie M. K. Stewart
6. *Mother's Maiden Name,*	Fin Gro Lite I. O.
7. *Mother's Birthplace,*	John Wesley Thomas
8. *Full Name of Father,*	Laborer
9. *Father's Occupation*	Baltimore City
10. *Father's Birthplace,*	Elizabeth Wicks
Name of Medical Attendant, or other person who makes this Return.	Laurel P. O.
Address,	
Remarks,	Fin Gro Lite I. O.

1893005335

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 48259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23/90
4. Place of Birth, (Street and Number) 127 S. Durham str.
5. Full Name of Mother, Sophie Lindeman
6. Mother's Maiden Name, Baekel
7. Mother's Birthplace, Germany
8. Full Name of Father, John Lindeman
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough str

Remarks,

8 9 3 0 0 0 2 3 3 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 48458.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13d 1893
4. Place of Birth, (Street and Number) 954 Hanford Ave.
5. Full Name of Mother, Rosetta Caroline Feick
6. Mother's Maiden Name, R. C. Rueggy.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Christian Feick
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. John H. Cowenhoven

Address, 1806 N. Gay St.

Remarks,

8930000337

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 48459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 23 '93
4.	*Place of Birth, (Street and Number)*	633 N. Carrollton ave
5.	*Full Name of Mother,*	Mrs. Carrie Cross
6.	*Mother's Maiden Name,*	" White
7.	*Mother's Birthplace,*	Penna
8.	*Full Name of Father,*	Lyttleton M Cross
9.	*Father's Occupation,*	Editor & Paper
10.	*Father's Birthplace,*	Md
	Name of Medical Attendant, or other person who makes this Return,	T C Worthington
	Address,	840 W. Fayette St
	Remarks,	

8930002338

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4260.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23
4. *Place of Birth, (Street and Number)* 521 Eastland Ave.
5. *Full Name of Mother,* Lizzie Lewis
6. *Mother's Maiden Name,* Lizzie Wilson
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* George Lewis
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. S. Hart midwife

Address, No 516 S. Wash. St.

Remarks,

1893 0002339

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 23 1893
4. Place of Birth, (Street and Number) 653 W. Lee St.
5. Full Name of Mother, Mary Elisabeth Petry
6. Mother's Maiden Name, Meyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. E. Petry
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 3 0 0 0 2 3 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L 48262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) white

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 23
4. *Place of Birth, (Street and Number)* 307 Strehlers
5. *Full Name of Mother,* Katy Everhardt
6. *Mother's Maiden Name,* K Stark
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sebastian Everhardt
9. *Father's Occupation*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Siersmann

Address, 1225 Fleet street.

Remarks,

8 4 3 0 0 0 2 3 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48263.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 24th

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Sarah Watts

6. Mother's Maiden Name,

7. Mother's Birthplace, Md

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Dr. C. H. Lamed

Address, 622 W. Lombard St.

Remarks,

6 9 3 0 0 0 2 3 4 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 24 th
4. Place of Birth, (Street and Number) 622 N. Lombard St
5. Full Name of Mother, Emma Ryder
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. O.B. Stone

Address,

Remarks,

8930002343

Wm. J. C. Dulany Co., City Printers and Stationers

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or person authorized by law to act as midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 48166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 24 — 1893
4. Place of Birth, (Street and Number) 1509 Aliceane St.
5. Full Name of Mother, Anni Mc Hey
6. Mother's Maiden Name, Garby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Mc Hey
9. Father's Occupation Laborer
10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return, Mary Meier

Address, 1427 E Fratt St.

Remarks, 1893 0 0 0 2 3 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 48166.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary M. Pfister

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III
1. *Sex, (state whether male or female)*	~~Boy~~ Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 24/93
4. *Place of Birth, (Street and Number)*	2418 / Canton Ave.
5. *Full Name of Mother,*	Maggie Pfister
6. *Mother's Maiden Name,*	Otto.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Pfister
9. *Father's Occupation*	Cabinetmaker
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Heisenhoffer
Address,	2225 Gough St.
Remarks,	

1893 0002345

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or Register of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practicer of midwifery, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 48467

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	June 24/93
4. *Place of Birth (Street and Number)*	1150 Scott St
5. *Full Name of Mother*	Kate Fischer
6. *Mother's Maiden Name*	Kate Trusheim
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John. W. Fischer
9. *Father's Occupation*	Piano Maker
10. *Father's Birthplace*	Balto city
Name of Medical Attendant, or other Person who makes this Return.	E. Michaux M.D.
Address	326 S. Stockton St
Remarks	

1893000348

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 48468.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	6/24/93
4. Place of Birth, (Street and Number)	1831 Johnson st
5. Full Name of Mother,	Elizabeth Butler Eisenhardt
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	City
8. Full Name of Father,	Franklin Butler
9. Father's Occupation,	Milkman
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return,	E. Dorsey Ellis M.D.
Address,	915 Light st
Remarks,	Please send room permit & envelope

1893000234 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 4869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3-
1. *Sex, (state whether male or female)*	F
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	June 24 —
4. *Place of Birth, (Street and Number)*	629 Appleton
5. *Full Name of Mother,*	Mrs. Schultz — Klingelhofer
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	a
8. *Full Name of Father,*	Chas Schultz
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	a
Name of Medical Attendant, or other person who makes this Return,	J C Brauer
Address,	
Remarks,	

1893 0002348

THE J. D. SULLIVAN CO. CITY PRINTERS AND STATIONERS

months and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the full name and occupation of its parents, the date and place of birth, and the said effect of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 48470.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as known the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife, if any, present at the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 25 93
4. *Place of Birth, (Street and Number)*	14 S. Eddington Ave
5. *Full Name of Mother,*	Mina Taylor
6. *Mother's Maiden Name,*	" Hartmaier
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Taylor
9. *Father's Occupation*	Oyster Packer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Deisenhofer
Address,	2225 E. Gough Str.
Remarks,	

1893 0002349

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 4847.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child Girl

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 4th 1900
4. Place of Birth, (Street and Number) 1 East Lexington ave
5. Full Name of Mother, Linda Hedwig Schreiber Kirchner
6. Mother's Maiden Name, Hedwig
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis H. Schreiber
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Annie Lindner

Address, No 106 S Monroe St

Remarks, B 7 3 0 0 0 7 3 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) the sex, color, the full name by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 4897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 20th
4. Place of Birth, (Street and Number) 820 Sarah Ann St
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. O. B. Stone

Address, 622 W. Lombard St.

Remarks,

18930002351

Wm. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48473.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 25th 1893
4. *Place of Birth, (Street and Number)* 612 Elm Ave. Hampden, Balt.
5. *Full Name of Mother,* Elizabeth C. Bairley
6. *Mother's Maiden Name,* Elizabeth C. Frank
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* Charles W. Bairley
9. *Father's Occupation,* Employee in McShane's Foundry
10. *Father's Birthplace,* Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 821 Rolands Ave. Hampden.

Remarks,

1893 U 00 2352

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

48474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 June 1892
4. Place of Birth, (Street and Number) Balto Md Northwood
5. Full Name of Mother, Sarah Gallagher
6. Mother's Maiden Name, Sarah Allen
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Gallagher
9. Father's Occupation, potter
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Caroline Allen

Address,

Remarks,

1893000 2353

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 8-28-56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Margaret Lisetta Dittmar 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26/93
4. Place of Birth, (Street and Number) 310 S. Castle str.
5. Full Name of Mother, Louisa Dittmar
6. Mother's Maiden Name, Bandt
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. Dittmar
9. Father's Occupation Butcher
10. Father's Birthplace, B Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Heisenhoffer

Address, 2225 Gough str

Remarks,

1893000 2351

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 48476.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleven

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 26th

4. Place of Birth, (Street and Number) 330 Dover St

5. Full Name of Mother, Sophia Banks

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr O.B. Stone

Address, 622 W. Lombard St.

Remarks,

1893000235 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 2nd and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 48497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26th 1853
4. Place of Birth, (Street and Number) 867 Chesapeake st
5. Full Name of Mother, Christine Miller
6. Mother's Maiden Name, Geesner
7. Mother's Birthplace, Balto
8. Full Name of Father, Lyons Miller
9. Father's Occupation, Pharmacist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, W. Ha. Schwatka M.D.

Address, 2425 Lancaster st

Remarks,

8930002354

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every midwife or person who shall attend upon any woman in labor, shall within ten days after the birth of any child, make a return thereof to the Commissioner of Health, which return shall contain a true statement of the facts which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall be the manner and within the period above required, and shall occur without the attendance of a physician or midwife, the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 48698.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 26th 1899

4. Place of Birth, (Street and Number) 302 Lewis street

5. Full Name of Mother, Maggie Mitchell

6. Mother's Maiden Name, Maggie Mitchell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Wesley Mitchell

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mardie Patterson

Address, 401 Lewis Street

Remarks, doing very well

8930002357

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 45479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 26. 1853
4. Place of Birth, (Street and Number) 81 E&S Common st
5. Full Name of Mother, Sadie E Johnson
6. Mother's Maiden Name, Colber
7. Mother's Birthplace, Winchester Frederick County Md
8. Full Name of Father, Charles Johnson
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah F Harrington

Address, 81 924 Pennsylvania st

Remarks, 18930.002358

been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48280.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 26 1903
4.	*Place of Birth, (Street and Number)*	1904 Ohio st
5.	*Full Name of Mother,*	Annie E. McJilton
6.	*Mother's Maiden Name,*	" " Watters
7.	*Mother's Birthplace,*	Harford Co
8.	*Full Name of Father,*	Saml McJilton
9.	*Father's Occupation,*	Paver
10.	*Father's Birthplace,*	Ireland
	Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson M.D.
	Address,	1519 Broadway, Balto. Md
	Remarks,	1893000 2359

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the person above required, and attendance upon birth to the Commissioner of Health, in the manner and within the period above required child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

A 49181.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 27 - 1893
4. Place of Birth, (Street and Number) 1531 E Lombard St
5. Full Name of Mother, Annie Hofman
6. Mother's Maiden Name, Frank
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Hofman
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who will make this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1893 0 0 0 2 3 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 48484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 27/93
4. Place of Birth, (Street and Number) 2327 Mt. Elderry st.
5. Full Name of Mother, Martha ~~Stout~~ Stout
6. Mother's Maiden Name, " Boden
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. F. Stout
9. Father's Occupation Planer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Levisenhopes

Address, 2225 Gough st.

Remarks,

6 9 3 0 0 0 2 3 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 15283.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 27th
4. *Place of Birth, (Street and Number)* 300 Carlton St
5. *Full Name of Mother,* Nannie Williams
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr. C. H. Ferned

Address, 622 W. Lombard St

Remarks,

1893 0002562

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 48184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 27 1893
4. Place of Birth, (Street and Number) 202 S. Eden st
5. Full Name of Mother, Catherine Cecilia Bunch
6. Mother's Maiden Name, " " Bennett
7. Mother's Birthplace, Balto.
8. Full Name of Father, Richard Bunch
9. Father's Occupation, Police
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. P. E. Dauschwerd

Address, 1729 E. Balto st

Remarks,

1893000 2363

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A48288.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28
4. Place of Birth, (Street and Number) 417 Stockholm
5. Full Name of Mother, Otilia Fritz
6. Mother's Maiden Name, " Schneider
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Chas. Fritz
9. Father's Occupation Glass Blower
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J. C. Bruce M.D.

Address, 571 Hanover St

Remarks,

0 9 3 0 0 0 2 3 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48486.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lola Hammond Whelan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28/93.
4. Place of Birth, (Street and Number) 26 E. 26th St
5. Full Name of Mother, Lola A. Whelan
6. Mother's Maiden Name, Hammond
7. Mother's Birthplace, Maryland
8. Full Name of Father, Frederick A. Whelan
9. Father's Occupation Bank-Clerk
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Thomas Opie M.D.

Address, 500 N. Howard St

Remarks, GIVEN NAME ADDED 3-27-53

1 8 9 3 0 0 0 2 3 6 5

If any child born alive in the city of Baltimore shall not have been named at the time of making the return of birth required by this section, the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28 1893
4. Place of Birth, (Street and Number) 707 W. Balto. Str.
5. Full Name of Mother, Annie Friedlander
6. Mother's Maiden Name, Korn
7. Mother's Birthplace, Germany
8. Full Name of Father, Moses Friedlander
9. Father's Occupation Bottlemacker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mrs. Heisenhoff

Address, 2225 Gough Str.

Remarks,

893000-023666

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 48188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Bell Gray

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 28 93
4. *Place of Birth, (Street and Number)*	2514 Walbrook Ave
5. *Full Name of Mother,*	Alice Gray
6. *Mother's Maiden Name,*	Alice Bacon
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	William Gray
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Do
Name of Medical Attendant, or other person who makes this Return,	J. C. Shriver M.D.
Address,	
Remarks,	GIVEN NAME ADDED. 11-3-53

8 9 3 0 0 0 2 3 6 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 48289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Girl

Race or Color, (if not of the white race) White

Date of Birth, June 28th

Place of Birth, (Street and Number) 115 S. Carrollton Ave.

Full Name of Mother, Kate Bentley

Mother's Maiden Name, Kate Keeler

Mother's Birthplace, Frederick Md.

Full Name of Father, John Bentley

Father's Occupation, Bar Keeper

Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Ruth A. Eathorne

Address, 1216 N. Patterson

Remarks,

B 2 3 4 0 0 2 3 6 8

PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 48490.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 29th
4. Place of Birth, (Street and Number) 429 Pamburg
5. Full Name of Mother, Lottie Smith
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

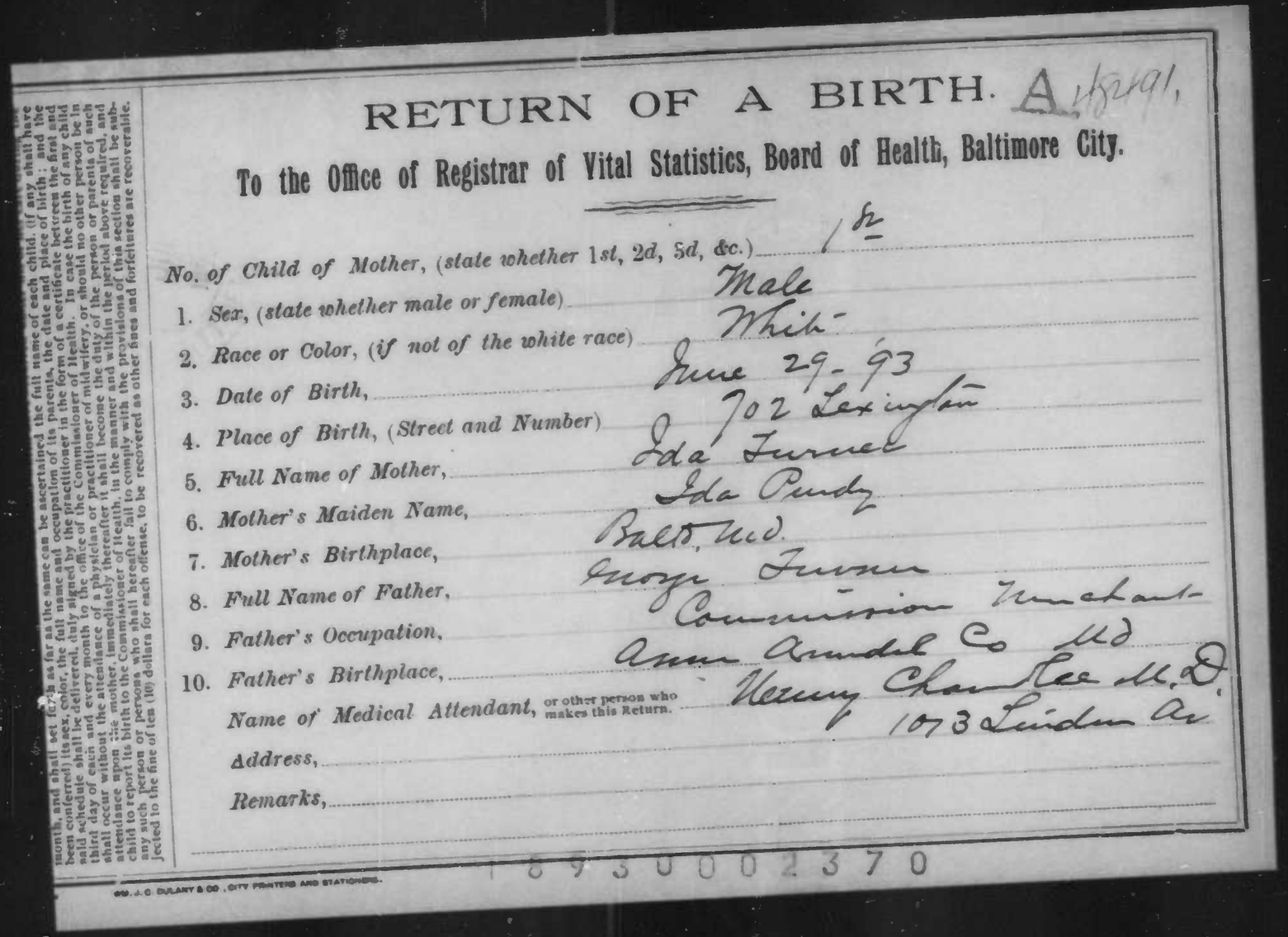
Name of Medical Attendant, or other person who makes this Return, Dr O.B. Stout

Address, 622 N. Dowbard St

Remarks,

+ 6 9 3 0 0 0 2 3 6 9

Wm. C. Dulany Co. City Printers and Stationers



RETURN OF A BIRTH. Natural,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 5d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29-93
4. Place of Birth, (Street and Number) 702 Lexington
5. Full Name of Mother, Ida Turner
6. Mother's Maiden Name, Ida Purdy
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Geo. Turner
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Ann Arundel Co Md

Name of Medical Attendant, or other person who makes this Return. Henry Chamberlain M.D.

Address, 1073 Linden Av

Remarks,

...month, and shall set forth as far as the name can be ascertained the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1893 0002370

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 48492.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 te

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29 1893
4. Place of Birth, (Street and Number) Conlin av 2002
5. Full Name of Mother, Lina Hausmann
6. Mother's Maiden Name, Lina Eikenberg
7. Mother's Birthplace, Germany
8. Full Name of Father, August Hausmann
9. Father's Occupation, Labour
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 1913 Eastern av

Remarks,

0 7 3 0 0 0 2 3 7 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 48493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	M.
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	29 June 1893.
4. *Place of Birth, (Street and Number)*	1367 N. Gilmor st,
5. *Full Name of Mother,*	Fannie N. Quinan,
6. *Mother's Maiden Name,*	Quinn,
7. *Mother's Birthplace,*	Balto. City,
8. *Full Name of Father,*	Wm D. Quinn,
9. *Father's Occupation,*	Waiter,
10. *Father's Birthplace,*	Calvert Co. Md
Name of Medical Attendant, or other person who makes this Return.	J. F. Engle M.D.
Address,	1007 W. Fayette
Remarks,	

1893000023 72

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be every month to the office or practitioner in the form of a certificate between the first child third day of each and attendance of a physician or practitioner or midwifery, of the person or parents of such shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 45294

GIVEN NAME ADDED 5-26-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Egelman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30th 1955
4. Place of Birth, (Street and Number) 1222 N. Eden St.
5. Full Name of Mother, Edith Egelman
6. Mother's Maiden Name, Edith Friedman
7. Mother's Birthplace, Md.
8. Full Name of Father, Jack Egelman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mary Elsie Kidwell

Address, 1242 N. Eden St.

Remarks, M.D.

1893000237 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 48490.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 30th
4. Place of Birth, (Street and Number) 767 Dorr St.
5. Full Name of Mother, Lizzie Harris
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr C. H. Famed.

Address 622 W. Lombard St.

Remarks,

1893000237 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48246.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3-d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 30
4. *Place of Birth, (Street and Number)*	118 Bowman av
5. *Full Name of Mother,*	Susan Moore McDaniel
6. *Mother's Maiden Name,*	Ireland
7. *Mother's Birthplace,*	Samuel J. Moore
8. *Full Name of Father,*	Tel-Maker
9. *Father's Occupation*	Austria
10. *Father's Birthplace,*	Dr Bunch M D
Name of Medical Attendant, or other person who makes this Return,	511 Hanover st
Address,	
Remarks,	

8930002375

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 148747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 6/30/93
4. Place of Birth, (Street and Number) 402 E. Lexington St
5. Full Name of Mother, Lavenia Mitchell
6. Mother's Maiden Name, Brown
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Elisha M. Mitchell
9. Father's Occupation, White washing
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Mondawney

Address, 424 N. Durham st Balto Md

Remarks,

1993 00023 76

The name and residence of the attending physician, midwife, or other person who may have been present at the birth, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the other person be in attendance without the attendance of a physician or midwifery, or should no other person be in attendance, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and precisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 48498

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, (June 30/93
4. Place of Birth, (Street and Number) 226 S. Duncan Alley
5. Full Name of Mother, Carolina ~~Boy~~ Reis
6. Mother's Maiden Name, " Bey
7. Mother's Birthplace, Balto.
8. Full Name of Father, Lewis Reis
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenteper

Address, 2225 Gough St.

Remarks, 1093000 2377

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred; its sex, color, the full name, occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to a physician or practitioner of health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the birth to the Commissioner of Health, as the with the provisions of this section shall be child to report its birth who shall hereafter fail to comply any such person or persons who shall hereafter fail to comply with the provisions of forfeitures are recoverable. any such person or persons for each offence, to be recovered as other fines and jected to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH. 48499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 30 93
4. *Place of Birth, (Street and Number)*	607 E Madison St
5. *Full Name of Mother,*	Ada Mc Connell
6. *Mother's Maiden Name,*	Ada Harr.
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Joseph McConnell
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Wm F. C. Kemp
Address,	916 Fremont Ave
Remarks,	

8 9 3 0 0 0 2 3 7 8

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

48500.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30/93
4. Place of Birth, (Street and Number) - 632 - S. Bond St.
5. Full Name of Mother, Anna Gitz
6. Mother's Maiden Name, Annie Stulmack
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Stey Gitz
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, L. Bashiere Jr. M.D.

Address, 700 S. Broadway

Remarks, Born 12.15 a.m.

18 B 3 3 0 0 2 3 7 9

month and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said scheduls shall be delivered, duly signed by the practitioner or midwife, or should no other person be in town conferred its sex, color, the full name and occupation of the father of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon its birth hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 48501.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	June 30/93
4.	*Place of Birth, (Street and Number)*	1905 Orleans St
5.	*Full Name of Mother,*	Amelia V. Eder
6.	*Mother's Maiden Name,*	Amelia V. Tolley
7.	*Mother's Birthplace,*	Bath. Me.
8.	*Full Name of Father,*	Edward J. Eder
9.	*Father's Occupation,*	Salesman
10.	*Father's Birthplace,*	Balto. Md
	Name of Medical Attendant, or other person who makes this Return,	H. Bastian Jr. M.D.
	Address,	700 S Broadway
	Remarks,	Born 6:35 P.M.

1893 Born 6:35 P.M.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

A. 48502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30th 1893
4. Place of Birth, (Street and Number) 216 N. Schroeder St
5. Full Name of Mother, Mary Branning
6. Mother's Maiden Name, Mady Roach
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Henry Branning
9. Father's Occupation, Stone Keeper
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other person who makes this Return. Thos P. McConnell M.D.

Address, 1421 Eutaw

Remarks,

1893000381

The Registrar shall not be required to register any birth unless the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

ENG. J. G. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 48803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th 1893
4. Place of Birth, (Street and Number) 1016 N Carey Street
5. Full Name of Mother, Grace Belle Rollins
6. Mother's Maiden Name, Grace Belle Stone
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, John Bennet Rollins
9. Father's Occupation, Clerk
10. Father's Birthplace, St Marys County Maryland

Name of Medical Attendant, or other person who makes this Return, Lance Johnston MD

Address, 89 Aisquith Street

Remarks,

0 9 3 0 0 0 1 3 0 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 4880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12th. 1893
4. Place of Birth, (Street and Number) 110 W. Lombard St
5. Full Name of Mother, Gertrude Shockley
6. Mother's Maiden Name, —
7. Mother's Birthplace, Md.
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Geo. L. Kerr

Address, 110 W. Lombard St

Remarks,

LE 30002383

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3th 1893
4. *Place of Birth, (Street and Number)* 219 Castle St
5. *Full Name of Mother,* Annie Hunter
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Harry Hunter
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other person who makes this Return, Mary Bartis

Address, 203 N Washington Ave

Remarks,

1893000 2384

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Coroner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-7-49

RETURN OF A BIRTH. A 48505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Morris S. Teague

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 5th 1948
4. Place of Birth, (Street and Number) 2411 Hart Ave
5. Full Name of Mother, Annie (League) Teague
6. Mother's Maiden Name, Annie Sterling
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Howard A. Teague
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. E. F. Lucas M.D.

Address, 28 E. Lafayette Ave

Remarks, Drug

8 9 3 0 0 0 2 3 8 5

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	June 8th
4. *Place of Birth, (Street and Number)*	115 W. Lombard St
5. *Full Name of Mother,*	Annie Galloway
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	Chas. L. Neer
Address,	110 W. Lombard St.
Remarks,	

1893000 2386

...C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48508.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	June 2d 1893
4. *Place of Birth, (Street and Number)*	110 W. Lombard St
5. *Full Name of Mother,*	Mary Jones
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	New Jersey
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	Chas. D. Nace
Address,	110 W. Lombard St
Remarks,	

18930002387

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A-48809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 115 W. Lombard St.
4. *Place of Birth, (Street and Number)* June 6 1893
5. *Full Name of Mother,* Lena Johnson
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, Chas J Nee

Address, 115 W. Lombard St

Remarks,

1893000 2388

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. D 48870.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 1st 1893
4. *Place of Birth, (Street and Number)*	127 Watts ave
5. *Full Name of Mother,*	Kate Eastman
6. *Mother's Maiden Name,*	Kate Ellis
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Peter Eastman
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	C. L. Brooks
Address,	1324 Light St
Remarks,	Dairy Milk

1893000 2389

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4811.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 7, 1893
4. *Place of Birth, (Street and Number)*	15 W. Lombard St
5. *Full Name of Mother,*	Gertrude Wheiner
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	—
9. *Father's Occupation,*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	Chas. O Neer
Address,	115 W. Lombard St
Remarks,	

0930002390

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48817.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7
4. *Place of Birth, (Street and Number)* 871 Fremont ave
5. *Full Name of Mother,* Ella Burk
6. *Mother's Maiden Name,* Tully
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Burk
9. *Father's Occupation* Restaurant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Warden

Address, 823 Fremont ave.

Remarks,

1893 U 002391

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF BIRTH. A 48873

GIVEN. [redacted] 9-26-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Francis McAllister

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth, June 7th 1893.
4. Place of Birth, (Street and Number) No 571 Dolphin st.
5. Full Name of Mother, Barbara [redacted] McAllister.
6. Mother's Maiden Name, Barbara Keune.
7. Mother's Birthplace, In Baltimore.
8. Full Name of Father, Whillman McAllister
9. Father's Occupation, a Plumber
10. Father's Birthplace, In Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Midwife Thresa Geller

Remarks, No 537 Biddle alley

8 9 3 0 0 0 3 9 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 48574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8th 1893
4. *Place of Birth, (Street and Number)* 116 Hanover Ave
5. *Full Name of Mother,* Mary Reck
6. *Mother's Maiden Name,* Mel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Reck
9. *Father's Occupation* Builder
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Selbier M.D.

Address, 1501 E Lanvale St

Remarks,

T 8 9 3 0 0 0 2 3 9 3

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4885.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) three

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 1893
4. *Place of Birth, (Street and Number)* 1258 Hanlon St
5. *Full Name of Mother,* Lelia Hall
6. *Mother's Maiden Name,* Little
7. *Mother's Birthplace,* Green Spring Valley
8. *Full Name of Father,* Robert Green
9. *Father's Occupation* white washer
10. *Father's Birthplace,* Long Green

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1121 Druid Hill Ave

Remarks,

C 9300002394

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 1876.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* ~~W~~
3. *Date of Birth,* June 10th 1895
4. *Place of Birth (Street and Number),* 225 Parkin
5. *Full Name of Mother,* Lillie M Romm
6. *Mother's Maiden Name,* Sommers
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Romm
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Edward H Condon MD

Address, 1403 W Fayette st

Remarks,

1893 0002395

and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been transferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

4817.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* June 11 1893
4. *Place of Birth, (Street and Number)* 15 W. Lombard St.
5. *Full Name of Mother,* Mary Wise
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, Chas. J. Mer

Address, 115 W. Lombard St.

Remarks,

1893 0002396

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A. 4878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race).
3. Date of Birth, June 11. 1893
4. Place of Birth (Street and Number), 2134. Wilkins Ave
5. Full Name of Mother, Susie Walters
6. Mother's Maiden Name, Eichner
7. Mother's Birthplace, Balto
8. Full Name of Father, George C. Walters
9. Father's Occupation, Horseshoer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Edward H Condon MD

Address, 1402 E Fayette

Remarks,

8930002397

The Baltimore Publishing Co., City Printers and Stationers.

The Registrar shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, [illegible] no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 14th 1893
4. *Place of Birth, (Street and Number)*	1107 W. Lombard St.
5. *Full Name of Mother,*	Fannie Adler
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	N. C.
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	Chas. J. Mer
Address,	1107 W. Lombard St.
Remarks,	

1893000 2398

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 48570.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 14 1899
4. *Place of Birth, (Street and Number)* 114 Shields alley
5. *Full Name of Mother,* Mary Jones
6. *Mother's Maiden Name,* Lifford
7. *Mother's Birthplace,* Talbot Co. Md
8. *Full Name of Father,* Thomas Jones
9. *Father's Occupation* Laboring man
10. *Father's Birthplace,* Talbot Co. Md

Name of Medical Attendant, or other person who makes this Return, C. Marie Jones

Address, 1128 Saratoga St

Remarks,

1893000 2399

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48'11.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* June 16 th
4. *Place of Birth, (Street and Number)* 1006 Freemont Ave
5. *Full Name of Mother,* Mrs Mary Murray
6. *Mother's Maiden Name,* Mary Dugan
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Peter Murray
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Wooden

Address, 883 Freemont Ave,

Remarks,

1 0 9 3 0 0 0 2 4 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16 93.
4. Place of Birth, (Street and Number) 517 W. Lee St.
5. Full Name of Mother, Sarah Maier
6. Mother's Maiden Name, Parr.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, James L. Maier
9. Father's Occupation Laborer;
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Thos. M. Lumpton M.D.

Address, 640 W. Barre St

Remarks,

8930002401

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th June 1893
4. *Place of Birth, (Street and Number)* Balto Md Lorwood Walbut
5. *Full Name of Mother,* Sophia Lamm
6. *Mother's Maiden Name,* Sopher Berger
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Conrad Lamm
9. *Father's Occupation* Day Laborer
10. *Father's Birthplace,* Bavaria Germany

Name of Medical Attendant, or other person who makes this Return. Maria Jones

Address, 1397 Walcott st

Remarks,

1893000 2402

Wm. J. C. Dulany Co., City Printers and Stationers.

A 4824

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1893
4. Place of Birth, (Street and Number) 2031 Oliver st
5. Full Name of Mother, Katie Kraft
6. Mother's Maiden Name, " " Snyder
7. Mother's Birthplace, Germany
8. Full Name of Father, W. Kraft
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Burns

Address, 1600 N. Chester st

Remarks,

1893 0002403

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 17 1893.
4. *Place of Birth, (Street and Number)*	614 Dallas St.
5. *Full Name of Mother,*	L. Louis
6. *Mother's Maiden Name,*	L. Williams
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	B. Louis
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return	Dr. A. Burk.
Address,	1205 E Lexington St.
Remarks,	All Well.

0 9 3 0 0 0 2 4 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 4826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 17th 1893
4. *Place of Birth, (Street and Number)*	2223 Eastern Ave
5. *Full Name of Mother,*	Emma Heiser
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Johns Heiser
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary Baptis
Address,	205 N Washington St.
Remarks,	1893000 2405

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17th 1893
4. *Place of Birth, (Street and Number)* 524 N Chapel St
5. *Full Name of Mother,* Annie Bozd
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* John Boza
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kotzi

Address, 205 N Washington St,

Remarks,

1893000406

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 48928.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Male / 2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	June 18 1893
4. *Place of Birth, (Street and Number)*	1130 W. Lombard St.
5. *Full Name of Mother,*	Mary Brown
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Dist. Columbia
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	Chas. O. Mer
Address,	1130 W. Lombard St
Remarks,	

1893 0002407

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 13 1893
4. Place of Birth, (Street and Number) 1121 Saratoga
5. Full Name of Mother, Charlotte Green
6. Mother's Maiden Name, Howard
7. Mother's Birthplace, Prince Geo Co Md.
8. Full Name of Father, William Green
9. Father's Occupation Barber.
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mrs Catharine Jones

Address, 1121 Saratoga Street

Remarks,

1893000 1400

Wm. J. C. Dulany Co., City Printers and Stationers

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained from the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month of the duty of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and by the Commissioner of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 4830.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, June 19 1895

4. Place of Birth, (Street and Number) 209 Carter St

5. Full Name of Mother, Mary J Johnson

6. Mother's Maiden Name, Wickham

7. Mother's Birthplace, Kings William Co Va

8. Full Name of Father, James Johnson

9. Father's Occupation Carpenter

10. Father's Birthplace, King William Co Va

Name of Medical Attendant, or other person who makes this Return, Mary G Jones

Address, 1121 Saratoga St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

893 0002409

RETURN OF A BIRTH. A 4831.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 17. 1892
4. *Place of Birth, (Street and Number)* 1287 Winlore alley
5. *Full Name of Mother,* Lalana Smith
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Washington D.C
8. *Full Name of Father,* Lingt Smith
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Accomack Co. Va

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1121 Saratoga st

Remarks,

1893 0002410

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 48332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male White
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 20 1893
4. *Place of Birth, (Street and Number)*	639 Central Ave
5. *Full Name of Mother,*	Laura Beck Richmond
6. *Mother's Maiden Name,*	Laura Rappold
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Rappold Jr.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	H. A. Buth.
Address,	1205 E. Monument St.
Remarks,	All Well

1893 JUN 20 P 11 11

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name and occupation of its parents, of a certificate between the first and been conferred) its sex, color, the practitioner in the form of Health. In case the birth of any child said schedule shall be delivered, duly signed by the office of the Commissioner of Health, or should no other person be in third day of each and every month to physician or practioner of midwifery, of the person or parents of such shall occur without the attendance of a physician or midwife, it shall become the duty within the period above required, and attendance upon the mother, immediately of Health, in the manner and within of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48833.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21st 1893
4. *Place of Birth, (Street and Number)* 1604 E Eager St
5. *Full Name of Mother,* Magdalena Crowley
6. *Mother's Maiden Name,* Krauss
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James A Crowley
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, S H Seldner M D

Address, 109 E Eager St

Remarks,

1893 0002412

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulo
3. Date of Birth, June 21st 1893
4. Place of Birth, (Street and Number) 106 N Sommerset St
5. Full Name of Mother, Julia Schenk
6. Mother's Maiden Name, Burgelmeier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Anthony Schenk
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. H. Seldon M.D.

Address, 1201 E. Eager St.

Remarks,

B930002413

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 4835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 21st June 1893
4. Place of Birth, (Street and Number) 1321 Whatcoat st
5. Full Name of Mother, Mary M Lyles
6. Mother's Maiden Name, Mary M Cot
7. Mother's Birthplace, Lancaster Co Va
8. Full Name of Father, Jesse Lyles
9. Father's Occupation Portor
10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 What-coat- street

Remarks,

1893 0002414

Wm. J. C. Dulany Co., City Printers and Stationers.

A 4836.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 21, 1893.
4. *Place of Birth, (Street and Number)* 218 Fairmount Ave
5. *Full Name of Mother,* L. Weber
6. *Mother's Maiden Name,* L. Gingling
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* H. Weber
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, H. A. Burt.

Address, 245 E. Fairmount St.

Remarks, All well.

1 5 9 3 0 0 2 4 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been registered; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 48337.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 22 1893
4. *Place of Birth, (Street and Number)*	1818 Wallace St.
5. *Full Name of Mother,*	S. Brunner
6. *Mother's Maiden Name,*	S. Kritzer
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	J. Brunner
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	M. A. Burk.
Address,	1245 E. Lexington St.
Remarks,	All Well.

8 9 3 0 0 2 4 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48538.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 9 1893

4. Place of Birth, (Street and Number) 1539 N Chester St

5. Full Name of Mother, Anna Hellinger

6. Mother's Maiden Name, Vogelsang

7. Mother's Birthplace, Germany

8. Full Name of Father, Geo. Hellinger

9. Father's Occupation Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. N. Sellers M.D.

Address, 1501 E. Baltimore St.

Remarks,

0930002417

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 4839

To the Office of Registrar of Vital Statistics, Board of ~~Health,~~ Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) White
2. Race or color, (if not of the white race) Jan 24/93
3. Date of Birth, S E Cor. Lombard & Paulkin
4. Place of Birth, (Street and Number) Elenn Jones
5. Full Name of Mother, Imbach
6. Mother's Maiden Name, Cleveland Ohio
7. Mother's Birthplace, Richard Jones
8. Full Name of Father, Shoe-maker
9. Father's Occupation, Talbot Co. Md
10. Father's Birthplace, A. L. Shipley M.D
Name of Medical Attendant, or other person who makes this Return. 855 W. Lombard St
Address,
Remarks,

693000 2410

... Section 1. And be it enacted ... that the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the periods of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable ...

... J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 48240.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 24 1893
4. Place of Birth, (Street and Number)	411 W. Lombard St
5. Full Name of Mother,	Mary Miller
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	Md
8. Full Name of Father,	—
9. Father's Occupation	—
10. Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this Return,	Chas J. Mee
Address,	110 W. Lombard St.
Remarks,	

C 7 3 0 0 0 2 4 1 9

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 48541.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 25th
4. *Place of Birth, (Street and Number)* 1742 E Preston st
5. *Full Name of Mother,* Lena Bonnes
6. *Mother's Maiden Name,* " " Damm
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* F. J. Bonnes
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600 N. Chester st

Remarks,

0 9 3 0 0 0 2 4 2 0

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22 1893
4. *Place of Birth, (Street and Number)* 115 Madaira St
5. *Full Name of Mother,* Mary Kraus
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Kraus
9. *Father's Occupation* Tayler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kohli

Address, 205 N Washington St.

Remarks,

1893 0022121

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4843.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 – Raymond Louis Elder
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 29th 1923
4. *Place of Birth, (Street and Number)*	1820 Westfall ave
5. *Full Name of Mother,*	Isabel Elder
6. *Mother's Maiden Name,*	Isabel Goodrich
7. *Mother's Birthplace,*	Pulaski Va
8. *Full Name of Father,*	Jesse Elder
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Elliott City
Name of Medical Attendant, or other person who makes this Return.	C A Brooks
Address,	1825 Eutaw pl
Remarks,	Barry Well

Given name added upon applying for transcript, correct spelling of surname Elder, government papers. Ben 9 3 0 Pat 2, 4 2 2

F E Wehn 5/5/1926

Isabel Margaret Goodrich
Mrs Raymond Louis Elder

Wm J C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 48544.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29 1893
4. Place of Birth, (Street and Number) 11 Brent st
5. Full Name of Mother, Ida Parker
6. Mother's Maiden Name, Ida Smith
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Keegan Parker
9. Father's Occupation, Glover
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. C A Franke

Address, 1223 Light st

Remarks, Dawn Well

8930002423

Wm J C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex,* (state whether male or female) male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* June 27 1873
4. *Place of Birth,* (Street and Number) 522 S. Hanover
5. *Full Name of Mother,* Kate Daisch
6. *Mother's Maiden Name,* Kate Bard
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Edward Daisch
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. C. F. Brooke

Address, 1525 Light St

Remarks, Dead Well

Wm. J. C. Dulany Co., City Printers and Stationers.

893000 2424

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 48346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) N. C.
3. Date of Birth, 30 June 1893
4. Place of Birth, (Street and Number) 3 Jersey Court
5. Full Name of Mother, Lizzie Hill
6. Mother's Maiden Name, Lizzie A. Dunker
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Michael Hill
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, C. L. Dr. O.

Address, 828 Light St

Remarks, Dang. Well

8930002425

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-5-59

RETURN OF A BIRTH. A 48547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) William Frederick Melville 4th

1. Sex, (state whether male or female) Male
2. Race or Color, if not of the white race) White
3. Date of Birth 30th June 1893
4. Place of Birth, (Street and Number) 1021 N. Mount St. Balto
5. Full Name of Father, Annie Katherine Melville
6. Mother's Maide Name, Annie Katherine Smith
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Howard Melville
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs. Maria Jones

Address, 1337 Whalcoal-Ost.

Remarks,

8 9 3 0 0 0 2 4 2 6

Wm. J. C. Dulany Co., City Printers and Station

Every physician or midwife in attendance upon any birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been registered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-11-44 CERTIFICATE CORRECTED 7-11-44

RETURN OF A BIRTH. 48878.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret M. Elliott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30th 1893
4. Place of Birth, (Street and Number) 1621 E Townsend st
5. Full Name of Mother, Emma (Elliott) Elliott
6. Mother's Maiden Name, Hunt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William (Elliott) Elliott
9. Father's Occupation Machinest
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Brune

Address, 1600 N Chester st

Remarks,

B 9 3 0 0 0 2 4 2 7

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 48349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 30. 1893
4. Place of Birth (Street and Number),	527. S Paca st
5. Full Name of Mother,	Louisa V. Norris
6. Mother's Maiden Name,	Imler
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Cloud L. Norris
9. Father's Occupation,	Cigarmaker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Edward K. Condon MD
Address,	1403 N. Fayette st
Remarks,	

1893 0002428

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 48550.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 30th 1893
4. *Place of Birth, (Street and Number)*	1517 Hanover St
5. *Full Name of Mother,*	Mary L. Baker
6. *Mother's Maiden Name,*	Mary L Carroll
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	J. W. Baker
9. *Father's Occupation*	Brakeman
10. *Father's Birthplace,*	Howard Co Md
Name of Medical Attendant, or other person who makes this Return.	B. F. Phillips
Address,	453 W Lexington
Remarks,	

1893 0 0 0 2 4 2 9

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

48531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Feminal
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 30 1893
4. *Place of Birth, (Street and Number)*	13 Bartlet ave
5. *Full Name of Mother,*	~~Annie~~ Annie Royle Smith
6. *Mother's Maiden Name,*	Annie Royle
7. *Mother's Birthplace,*	Bridgeport Connecticut
8. *Full Name of Father,*	Wilmon Smith
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Margaret Winkler
Address,	17 Bartlet ave
Remarks,	nor

1893000430

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. AO-48555

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 1024 N. Eden St.
(If rural give location)

3. Full name of child Alice M. Armiger

4. Date of birth June 9, 1893
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name William F. Armiger
10. Color or race W 11. Age at time of this birth ..... yrs.
12. Birthplace Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name Ida D. Dobler
16. Color or race W 17. Age at time of this birth ..... yrs.
18. Birthplace Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 7
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... related to this child as .....

24. Date rec'd by local registrar July 28 19XX1893

25. Signed Dr. James F. McShane
Registrar

26. Given name added ..... by Registrar per .....

(Signed) Geo. A. Harlman M. D.
Physician (or midwife) who attended this birth
or [illegible]
Commissioner of Health and Registrar

Address 431 Date OCT 2 1968

VS 100 No information appears on the original filing for information not appearing on this certificate.

Lic 21

RETURN OF A BIRTH. 48574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th 1893
4. Place of Birth, (Street and Number) Old York Rd.
5. Full Name of Mother, Florence Rittenhouse
6. Mother's Maiden Name, Florence Nettleton
7. Mother's Birthplace, Balt.
8. Full Name of Father, Dana M. Rittenhouse
9. Father's Occupation, Terra Cotta Worker
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return. L. B. Hart M.D.

Address. #818 Jefferson Ave. Walbrook Balt.

Remarks,

18930002432

Wm J. C. Dulany Co., City Printers and Stationers.

Dec 21

RETURN OF A BIRTH. 48575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26th 1893
4. Place of Birth, (Street and Number) 420 Hanover Ave.
5. Full Name of Mother, Helen Kilchenstein
6. Mother's Maiden Name, Helen Christopher
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Michael Kilchenstein
9. Father's Occupation, Shoe keeper
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return. J. B. Hart M. D.

Address, 848 Jefferson Ave Hanover Balto

Remarks,

1893 0002433

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 48676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Children

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21st 06
4. Place of Birth, (Street and Number) Key st 2120 Baltimore
5. Full Name of Mother, Jennie Smith
6. Mother's Maiden Name, Jennie Schaffer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Smith
9. Father's Occupation Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Gill

Address, 2112 Key st

Remarks, This is to Certify to the Date & Particulars

1 8 9 3 0 0 0 2 4 3 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 48577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	Black
3.	*Date of Birth,*	June 9 98
4.	*Place of Birth, (Street and Number)*	229 Hill St
5.	*Full Name of Mother,*	Jennie Ryan
6.	*Mother's Maiden Name,*	
7.	*Mother's Birthplace,*	
8.	*Full Name of Father,*	
9.	*Father's Occupation,*	
10.	*Father's Birthplace,*	
	Name of Medical Attendant, or other person who makes this Return,	M E Hamm
	Address,	1013 Park Ave
	Remarks,	

1893 0 0 0 2 4 3 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 48678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13. 1893
4. Place of Birth, (Street and Number) 1406 Division St
5. Full Name of Mother, Mrs Mary Minners
6. Mother's Maiden Name, Mary
7. Mother's Birthplace, Ireland
8. Full Name of Father, George H. Minners
9. Father's Occupation, Plumber
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, B. 02. Browne M.D.

Address, 1218 Madison ave

Remarks,

18930002436

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 28 / 93
4. Place of Birth (Street and Number),	Montello Av.
5. Full Name of Mother,	Mary Elizabeth McLean
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Augustus Anderson
9. Father's Occupation,	Hopper, H C R R
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	L T Monroe
Address,	634 Concord Av.
Remarks,	

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been given,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

B 9 3 0 0 0 2 4 3 7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-18981

1. **PLACE OF BIRTH:** Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution In Baltimore
(Specify whether months or days)

2. **USUAL RESIDENCE OF MOTHER:**
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. (If rural give location)

3. Full name of child ROLAND LEWIS COALE

4. Date of birth July 19, 1893 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet

If so—born 1st, 2d, or 3rd

7. Number weeks of pregnancy

8. Hour of birth M.

FATHER OF CHILD

9. Full Name WILLIAM E. COALE

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full Maiden Name EUGENE ELIZABETH WOOD

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by , related to this child as Self

24. Date rec'd by local registrar July 19, 1893

(Signed) M. D. (Midwife)

or

25. Signed Dr. James F. McShane Registrar

Address State Registrar of Vital Records

26. Given name added by Registrar per Date

VS 100

Vol: 3
Page 39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

1893

Registered No. A-49021

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 322 N. Gilmor Street
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 322 N. Gilmor Street (If rural give location)

3. Full name of child MYRTIE LILLIAN KRANZ

4. Date of birth July 23, 1893 (Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M

FATHER OF CHILD

9. Full Name G. A. Kranz
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace Maryland (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Lillie Martin
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace Maryland (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice:
322 N. Gilmor St.
Baltimore, Md.

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... , related to this child as .....

(Signed) J. H. Robinson M. D.
Physician (or midwife) who attended this birth (Midwife)
or Duncan Norton State Registrar

Address ..... Date .....

24. Date rec'd by local registrar August 18 1893

25. Signed Dr. James F. McShane Registrar

26. Given name added 12-5-57 by Registrar per ..... on original filing. For information

VS 100 No information appears on the original filing. For information appearing on this certificate.

RETURN OF A BIRTH. 49311.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Wh.
3. *Date of Birth,* 16 Jun
4. *Place of Birth, (Street and Number)* 125 N Gil St
5. *Full Name of Mother,* Mary Wells
6. *Mother's Maiden Name,* Mary Sheridan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Chas Wells
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary E Lynch

Address,

Remarks,

8 9 3 0 0 0 2 4 4 0

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 149212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 1st 1893.
4. Place of Birth (Street and Number),	Clipper Row
5. Full Name of Mother,	Sarah Agner
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Md
8. Full Name of Father,	John T. Agner
9. Father's Occupation,	
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	D. L. Williams M.D.
Address,	244 Carroll St
Remarks,	Woodberry

The Baltimore Publishing Co., City Printers and Stationers

8930002441

RETURN OF A BIRTH. A. 49213.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st August 1893.
4. *Place of Birth, (Street and Number)*	No. 321 S. Appleton St. Balt.
5. *Full Name of Mother,*	Martha H. Moriarty
6. *Mother's Maiden Name,*	Martha H. Hushbacke
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Moriarty
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Appleton St
Remarks,	

8 9 3 0 0 0 2 4 4 2

Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of [illegible] of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth. Augt. 1, 1893
4. Place of Birth, (Street and Number) 1720 N. Calvert
5. Full Name of Mother, Louise N. Didier
6. Mother's Maiden Name, Northrope
7. Mother's Birthplace, Charleston, S.C.
8. Full Name of Father, E. L. Didier
9. Father's Occupation, Literary
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Jas. M. Craighill

Address. 1730 N. Charles

Remarks.

B 4 3 6 0 0 7 4 4 3

[illegible] CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-10-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Charles Griffith ~~Spittle~~ First (1st)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug-1st 1893
4. *Place of Birth, (Street and Number)*	223 Scott St
5. *Full Name of Mother,*	Annie R. Spittle
6. *Mother's Maiden Name,*	Annie R. Reiter
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Griffith Spittle
9. *Father's Occupation*	Glass Moulder
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Dr. J. F. Phillips
Address,	
Remarks,	

1893 0 0 0 2 4 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Within a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4916.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 1 1893
4. Place of Birth, (Street and Number) 1114 Druid Hill Ave
5. Full Name of Mother, Rose Hartman
6. Mother's Maiden Name, " Jackson
7. Mother's Birthplace, New Orleans La
8. Full Name of Father, Sigmund Hartman
9. Father's Occupation, Restaurant
10. Father's Birthplace, Buden Bath Germany

Name of Medical Attendant, or other person who makes this Return. Edwin P. Mendenhall

Address, 208 Lexington St.

Remarks,

1893 U 00 2 445

Health. This schedule shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Ba[l]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 W
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	August 1 1903
4. *Place of Birth, (Street and Number)*	1320 Orleans st
5. *Full Name of Mother,*	Emma. Ruhl
6. *Mother's Maiden Name,*	" Blume
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry. Ruhl.
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Edward P. McDonnell
Address,	1218 Eutaw st
Remarks,	

8930002446

Wm J C. Dulany Co., City Printers and Stationers.

1893 = 13

RETURN OF A BIRTH.

A 49218.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13d 93

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Augt 1st 93
4. Place of Birth, (Street and Number) 573 N Mount St
5. Full Name of Mother, May Disney
6. Mother's Maiden Name, Hauck
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, O. H. Disney
9. Father's Occupation, Dairyman
10. Father's Birthplace, Carroll Co Md.

Name of Medical Attendant, or other person who makes this Return, Ged W Annis M.D

Address, 1501 Presstman St

Remarks, C

+ 8930002447

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, ~~3d, &c.~~*)

1. *Sex* (~~*state whether*~~ *male* ~~*or female*~~),
2. *Race or Color* (*if not of the white race*),
3. *Date of Birth,* August 12th
4. *Place of Birth* (*Street and Number*), 1120 N. Monroe
5. *Full Name of Mother,* Annie E. Clewell Foster
6. *Mother's Maiden Name,* Do
7. *Mother's Birthplace,* Penn Germantown
8. *Full Name of Father,* Finlay
9. *Father's Occupation,* Mr
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. U.S. Navy Surgeon

Address, 1700 Linden Ave -

Remarks,

B 893000 2448

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any) and the said schedule shall be delivered, with the full name and practitioner in the form of a certificate of birth of any child in attendance upon the mother, immediately thereafter, to the office of the Commissioner of Health. In case the person be in attendance upon the birth to each and every month to the office of the Commissioner of Health, or should no other child to report its birth to shall become the duty of the person or parents, if any such person or persons who shall hereafter fail to comply with the above required, and any such person or persons for each offence. to be recovered as other fines and forfeitures are recoverable. shall be subjected to the fine of ten (10) dollars

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 49770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name, the date and place of birth, and the been registered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered at the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health hereafter fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	Color.
3. *Date of Birth,*	Baltimore Md.
4. *Place of Birth, (Street and Number)*	Bayard 8 11 32.
5. *Full Name of Mother,*	Dr. Denis Osborne. A. Gail
6. *Mother's Maiden Name,*	Hazel Howard.
7. *Mother's Birthplace,*	Easton Md.
8. *Full Name of Father,*	Charles A. Gail,
9. *Father's Occupation,*	Water
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Louisiana Mills
Address,	1424 Carrel St.
Remarks,	

8930002449

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 14278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 1, 1892
4. Place of Birth, (Street and Number) Albemarle St. 904 E. Balto
5. Full Name of Mother, Sarah Buckenfield
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Israel Buckenfield
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Jno Barlow

Address, 1 E Fayette St

Remarks,

1893000 450

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. B 49777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 1 25
4. *Place of Birth, (Street and Number)* 1721 Fremont Ave
5. *Full Name of Mother,* Sophia Hance
6. *Mother's Maiden Name,* " Hill
7. *Mother's Birthplace,* Harford County Md
8. *Full Name of Father,* James Hance
9. *Father's Occupation* Shipping Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Isaac Carroll

Address, 871 Bond St

Remarks,

B930002451

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 19773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 1 - 1893
4. Place of Birth, (Street and Number) 1312 Light st
5. Full Name of Mother, Mary A. Bradenaugh
6. Mother's Maiden Name, " " Rice
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. Bradenaugh
9. Father's Occupation Cigars & Tobacco
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Cordes M.D.

Address, 914 N. Charles st

Remarks,

1893000245 2

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the Births which have occurred under his or her care during the ... same can be ascertained, the full name of each child, if any shall have ... months, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth; and the ... been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become and within the period above required, and ... child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be estab- ... any such person or persons who shall hereafter fail to comply with the ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 49?

GIVEN NAME ADDED 7-9-68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James Stanleigh ~~Deutsch~~ Deutsch II

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 1 1893
4. Place of Birth, (Street and Number)	409 N. Carrollton ave
5. Full Name of Mother,	Clara Deutsch
6. Mother's Maiden Name,	Kuss
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm Deutsch
9. Father's Occupation	Writer
10. Father's Birthplace,	Prussia
Name of Medical Attendant, or other person who makes this Return,	Theodore Acosta M
Address,	914 N. Charles St
Remarks,	

1893 0002453

CITY OF BALTIMORE AUG 4 P.S. 1893

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 11995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 2nd 1873
4. Place of Birth, (Street and Number) 411 Chester
5. Full Name of Mother, Mary Alice Roff
6. Mother's Maiden Name, " " Hall
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Harry Roff
9. Father's Occupation, Superintendent Balto United O & C Co
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J F Spicknall MD

Address, 411 Patterson Ave

Remarks,

8930007454

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 49776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, Aug 2. 93

4. Place of Birth, (Street and Number) 1741 E. Lombard St.

5. Full Name of Mother Mrs. Katie Theresa Bolzger Schwartzkamp

6. Mother's Maiden Name, Miss " " Bolzger

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Frederick Schwartzkamp

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Lunk M.D.

Address, 2000 E. Balt. St.

Remarks, Forceps delivery

1893 0002455

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 2 Second
4. Place of Birth, (Street and Number) 1616 Washington Ave
5. Full Name of Mother, Flora E. Austin
6. Mother's Maiden Name, Flora E. Marsh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George W. Austin
9. Father's Occupation, Carter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Waters

Address, 1218 Bayard St

Remarks,

593000245 6

Register of each birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 44998.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	2nd "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug. 2 — 93
4. *Place of Birth, (Street and Number)*	# 39 N Bond St
5. *Full Name of Mother,*	Lizzie Smith
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Carrol Co. Md.
8. *Full Name of Father,*	Charles Sears
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	England.
Name of Medical Attendant, or other person who makes this Return,	Thos. L. Craig
Address,	# 2452 N Bond St
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. GULANY & SON, CITY PRINTERS AND STATIONERS.

: 8 9 3 0 0 0 2 4 5 7

GIVEN NAME ADDED 11-20-63

RETURN OF A BIRTH A 49779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louise Keen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 2nd 1893
4. Place of Birth, (Street and Number) 1916 Street ~~Penn~~
5. Full Name of Mother, Minnie Keen
6. Mother's Maiden Name, Minnie Meister
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles L Keen
9. Father's Occupation Gen Laborer
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return H. F. Handley

Address, 212 N Patterson Park Ave

Remarks, 1893 0002458

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-25-66

RETURN OF A BIRTH.

A 49730.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Elizabeth Emilie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10.
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	August. 2, 1893
4. Place of Birth, (Street and Number)	S. Calhoun 213.
5. Full Name of Mother,	Mary Weidenhammer.
6. Mother's Maiden Name,	Nicklas.
7. Mother's Birthplace,	Baltimore. Md.
8. Full Name of Father,	Edward Weidenhammer.
9. Father's Occupation,	Pianomaker.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Dr. Hunter.
Address,	231 W Lafayette St.
Remarks,	

1893 0 0 0 2 4 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 49731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) Second

1. *Sex, (~~state whether male or~~ female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 2-/93
4. *Place of Birth, (Street and Number)* No. 105 W. 5th St. near Oak St
5. *Full Name of Mother,* Lillian Whitson Mahood
6. *Mother's Maiden Name,* Lillian Whitson
7. *Mother's Birthplace,* City
8. *Full Name of Father,* James Mahood
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Robert W. Mifflin M.D

Address, 402 Cathedral St

Remarks, —

1893 0002460

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter first and third day of each and every month to the office of the commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 49737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Augt 2nd 93
4. Place of Birth, (Street and Number)	1565 Newington place
5. Full Name of Mother,	Annie Haggey
6. Mother's Maiden Name,	" Loughlin
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Irving Haggey
9. Father's Occupation,	Stair Builder
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Ed. W. Norris M.D
Address,	1811 Printman
Remarks,	

8930002461

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49333.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 2d
4. *Place of Birth, (Street and Number)* 8 Back St
5. *Full Name of Mother,* Laura Moore
6. *Mother's Maiden Name,* Hinkley
7. *Mother's Birthplace,* Harford Md
8. *Full Name of Father,* Wm Moore
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

1893 0002462

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 14936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 M

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 7 1893
4. Place of Birth, (Street and Number) 826 E
5. Full Name of Mother, Sarah Belman
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Russia
8. Full Name of Father, Myer Belman
9. Father's Occupation Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Lena Barlow

Address, 41 N Exeter

Remarks,

1893 0002463

Wm. J. C. Dulany Co., City Printers and Stationers.

A 40735

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1.	*Sex, (state whether male or female)*	White
2.	*Race or Color, (if not of the white race)*	Aug 2nd 1893
3.	*Date of Birth,*	Aug 2nd 1893
4.	*Place of Birth, (Street and Number)*	515 N Carrollton Av
5.	*Full Name of Mother,*	Mary E Mittnacht
6.	*Mother's Maiden Name,*	Brummer
7.	*Mother's Birthplace,*	Baltimore
8.	*Full Name of Father,*	Benjamin A Mittnacht
9.	*Father's Occupation,*	Merchant
10.	*Father's Birthplace,*	Baltimore
	Name of Medical Attendant, or other person who makes this Return,	E H. Lee M.D.
	Address,	602 N. Carey St-
	Remarks,	

1893000024664

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained therein, the date and place of birth, and the full name and occupation of its parents, the date and place of birth of the first child born of each mother, the sex, color,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

49236

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 6 1893
4. Place of Birth, (Street and Number) 619 E. Fayette St
5. Full Name of Mother, Frances Talley
6. Mother's Maiden Name, Baxter
7. Mother's Birthplace, Balto City
8. Full Name of Father, Wellington Talley
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, W. J. Cuddy, M.D.

Address, 111 E. Eutaw St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. MULLAHY CO. CITY PRINTERS AND STATIONERS

1893 0002465

RETURN OF A BIRTH

A 162237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 8th 1913
4. *Place of Birth, (Street and Number)* 1416 Block St
5. *Full Name of Mother,* Amanda Swenson
6. *Mother's Maiden Name,* Amanda Smith
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Andrew Swenson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Sweden

Name of Medical Attendant, or other Person who makes this Return. Dr Louis Smith

Address,

Remarks,

1 8 9 3 0 0 0 2 4 6 5

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 [illegible] 1893
4. Place of Birth, (Street and Number) 218 [illegible]
5. Full Name of Mother, Minnie [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation Pedlar
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return [illegible]

Address, 42 Albemarle St

Remarks,

8 8 3 0 0 2 4 6 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49739.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male + 1

1. *Sex, (state whether male or female)* Colored

2. *Race or Color, (if not of the white race)* August 5 1898

3. *Date of Birth,* 41 E Hamilton st

4. *Place of Birth, (Street and Number)* 2d fl Bryan

5. *Full Name of Mother,* Jones

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* aa Co Md

8. *Full Name of Father,* George Bryan

9. *Father's Occupation* restaurant

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, Louisa Jane

Remarks, 612 Fayette st

1893 0002468

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th & 8th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	No 1205 Holbrook St
4. *Place of Birth, (Street and Number)*	the 30th August 1893
5. *Full Name of Mother,*	Lula V. Perine
6. *Mother's Maiden Name,*	Lula V. Lamar
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	William H. Perine
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. C. L. Lamar
Address,	No 1039 Hanford Ave
Remarks,	Bal. Md.

1893

10 1 3 0 0 0 2 4 6 9

Every Physician or Midwife shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

A 10241

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 3rd 1893
4. *Place of Birth, (Street and Number)*	1755 Edmondson Ave
5. *Full Name of Mother,*	Edna Collins
6. *Mother's Maiden Name,*	Edna Chapman
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Marville Collins
9. *Father's Occupation,*	Upholsterer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Margaret Bacon M.D.
Address,	937 N. Forth Ave.
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care in the city of Baltimore during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if living, the sex, color, the full name and occupation of its parents, the date and place of its birth, and the said schedule shall be duly signed by the practitioner, in the form of a certificate, between the first and third day of every month to the Board of Health. In case the child of any such person to be in attendance upon the birth of the parents of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

1893000 2470

FIRST A. CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 49247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 21

4. Place of Birth, (Street and Number) 12 Arlington Ave

5. Full Name of Mother, Harriet Lewis

6. Mother's Maiden Name, Whitehead

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Lewis

9. Father's Occupation Seaman

10. Father's Birthplace, Kent County Md

Name of Medical Attendant, or other person who makes this Return, Ann Cornish

Address, 511 Bond St

Remarks,

8930002471

WE. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 49243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Hebrew
3. Date of Birth, August 3d
4. Place of Birth, (Street and Number) 1407 E. Fayette St.
5. Full Name of Mother, Annie Einsberg
6. Mother's Maiden Name, Annie Block
7. Mother's Birthplace, Russia
8. Full Name of Father, Lyman Einsberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Howard C. Litzer M.D.

Address, 1407 E. Fayette St.

Remarks, Delivered mid imminent convulsions the mid twins and shoulders very freely using a stiff cunning mid delay in delivery. Child had a mid fright case I was called in a hurry

WM. J. C. MULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49244.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 2nd 1893
4. *Place of Birth, (Street and Number)*	211 E Hoffman St
5. *Full Name of Mother,*	Margaret C Miller
6. *Mother's Maiden Name,*	Clarke
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Frederick C Miller
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Dr H Seldon Md
Address,	1501 E Baltimore St
Remarks,	

1893 U 002473

Wm. J. C. Dulany Co., City Printers and Stationers

The Registrar of Vital Statistics shall not file the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and during the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 14765.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 24 1893
4. *Place of Birth, (Street and Number)*	1614 E Baltimore St
5. *Full Name of Mother,*	Catharine Carr
6. *Mother's Maiden Name,*	Ebring
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Carr
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	S. H. Sellers M. D.
Address,	1201 E Baltimore St
Remarks,	

1893 0002474

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. # 4946.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 4th 1893.
4. Place of Birth, (Street and Number) S. W. Cor. Caelton Ave & Lemmon St
5. Full Name of Mother, Annie Smith
6. Mother's Maiden Name, " Shier
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Louis L. Smith
9. Father's Occupation, Cone Dealer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. A. L. Gihon M.D.

Address, 535 W. Lombard St

Remarks,

1893 0002475

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-25-54

RETURN OF A BIRTH.

14929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Beulah Waters ~~Williams~~ Williams

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (~~state whether male or~~ female)*
2. *Race ~~or Color, if not of the~~ white race)*
3. *Date of Birth,* August 4th 1893
4. *Place of Birth, (Street and Number)* 2218 Orleans St
5. *Full Name of Mother,* Mary E Williams
6. *Mother's Maiden Name,* " Shanklin
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Milton E Williams
9. *Father's Occupation* Cashier & Clerk N.C.R. Co
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, J Ridgway Andrd M.D

Address, 1128 E Balto St

Remarks,

1893000 2476

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49248.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 4th August 1893.
4. Place of Birth, (Street and Number) Baltimore Md 419 S Gilmore St.
5. Full Name of Mother, Barbara Shonhaimar
6. Mother's Maiden Name, Barbara Flick
7. Mother's Birthplace, Germany.
8. Full Name of Father, George Shonhaimar
9. Father's Occupation, Brass finisher.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Koenig.

Address, 414 S Ehicker St Baltimore Md City.

Remarks, Mother and Child as well as can be expected.

1893000247 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First {1st}

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 4th 1893
4. *Place of Birth (Street and Number),* 1602 E Baltimore St
5. *Full Name of Mother,* Maggie Thomas
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return. P E Foote MD

Address, 1519 E Baltimore St

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parents required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

14250.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th 12th Ch.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	The 4 of August 1893
4. Place of Birth, (Street and Number)	No 1054 Harford Ave
5. Full Name of Mother,	Kunigunda Frank
6. Mother's Maiden Name,	Kunigunda Schmidt
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Pindak
9. Father's Occupation	Shoemaker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm. C. Lewis
Address,	No 1054 Harford Ave
Remarks,	Bal. Md.
	1893

1893000479

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 149757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	Colord
3. *Date of Birth,*	August 4
4. *Place of Birth, (Street and Number)*	561 W Fayette st
5. *Full Name of Mother,*	Frances E. Parsons
6. *Mother's Maiden Name,*	Frances E Weaser
7. *Mother's Birthplace,*	Frederick City
8. *Full Name of Father,*	Lewis J. Parsons
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Alice Parsons
Address,	560 Dolphin St
Remarks,	1893000248 0

ED J. C. VALANT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 49753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 4 1893
4. *Place of Birth, (Street and Number)* 1926 Druid Hill Avenue
5. *Full Name of Mother,* Emma Maine Lawrence
6. *Mother's Maiden Name,* " McGuinnis
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Edgar R Lawrence
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, W. I. Brewer M.D.

Address, 1106 McCulloh Street

Remarks,

8 9 3 0 0 0 2 4 8 1

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Aug. 4th
4. Place of Birth (Street and Number),	318 N. Henrietta St.
5. Full Name of Mother,	Mary Simpson
6. Mother's Maiden Name,	Mary Pinkett
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Simpson
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Balt.
Name of Medical Attendant, or other person who makes this Return.	R. M. Hall
Address,	1019 Druid Hill Av.
Remarks,	This child was only about 7 months alive

1893 00003402

Baltimore Publishing Co., City Printers and Stationers.

To the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 14254.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Augt 4th 93
4. Place of Birth, (Street and Number)	406 N. Stricker
5. Full Name of Mother,	Mary Fowler
6. Mother's Maiden Name,	" Jamison
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	R. C. Fowler
9. Father's Occupation,	Commission Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Jas Wilmis M.D
Address,	1601 Eastman
Remarks,	

693000 2485

Said certificate shall be delivered, duly signed by the physician or midwife in attendance, to the Commissioner of Health, at the office of the Commissioner of Health, in the manner and within the period above required, and every month to the Commissioner of Health, in the manner and within the period above required, and shall occur without the mother, immediately after the birth, and every month to the Commissioner of Health, in the manner and within the period above required, and third day of each and every month to the Commissioner of Health, in the manner and within the period above required, and shall occur without the mother, immediately after the birth, and every month to the Commissioner of Health, in the manner and within the period above required, and attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th months

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race)

3. Date of Birth, August 4th 1893.

4. Place of Birth, (Street and Number) 867 N. Lombard St

5. Full Name of Mother, Emma H. Price

6. Mother's Maiden Name, " " Pace

7. Mother's Birthplace, Albermarle Co Va

8. Full Name of Father, Geo W. Price

9. Father's Occupation, Brick Burner

10. Father's Birthplace, Charlottesville Va

Name of Medical Attendant, or other person who makes this Return. H. C. Thurston

Address, 838 N. Lombard

Remarks,

1893 0004

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49756.

GIVEN NAME ADDED 10-5-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Wes Andrew King 7 lb

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 4/93
4. Place of Birth, (Street and Number) 2218 Dartmouth Av.
5. Full Name of Mother, Mary M. King
6. Mother's Maiden Name, " " Reed
7. Mother's Birthplace, B. C.
8. Full Name of Father, Laurence King
9. Father's Occupation, Paint Packer
10. Father's Birthplace, B.C.

Name of Medical Attendant, or other person who makes this Return. Wm. L. McKinnon M.D.

Address, 2226 E. Bdy

Remarks,

693000 2405

The above questions must be answered as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars, to be recovered as other fines and forfeitures are recoverable for each offense.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 5th 1893
4. *Place of Birth, (Street and Number)*	# 330 Shallwood Ave
5. *Full Name of Mother,*	Mrs Minnie Snieder
6. *Mother's Maiden Name,*	Miss " Emerich
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Herman Snieder
9. *Father's Occupation*	Brick Yards
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Miller
Address,	# 2127 N Pratt Ste
Remarks,	

8 9 3 0 0 0 2 4 8 6

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49258.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 1893
4. Place of Birth, (Street and Number) 3 Gold Fin 1st
5. Full Name of Mother, Annie Lenstein
6. Mother's Maiden Name, —
7. Mother's Birthplace, Russia
8. Full Name of Father, Meyer Lenstein
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Jesse Lenstein

Address, 1 Gold St

Remarks,

B 9 3 0 0 0 2 4 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...ame can be ascertained the full name of each child. If any shall have ...color, the full name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 149259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	~~Aug 5 93~~ — 7.
2. *Race or Color, (if not of the white race)*	M
3. *Date of Birth,*	Aug 5-93
4. *Place of Birth, (Street and Number)*	Lorey's Lane
5. *Full Name of Mother,*	Lillie ~~Richmond~~ Holden
6. *Mother's Maiden Name,*	Richmond
7. *Mother's Birthplace,*	B C
8. *Full Name of Father,*	Ed Holden
9. *Father's Occupation*	Gardner
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return	Dr. Miller
Address,	1207 E Monument St
Remarks,	

8 9 3 0 0 0 2 4 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49260.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 5 th 1892.
4. Place of Birth, (Street and Number) 466 Washington St
5. Full Name of Mother, Lillie Bellaire
6. Mother's Maiden Name, Lillie Bongard
7. Mother's Birthplace, Balti City
8. Full Name of Father, Frank Bellaire
9. Father's Occupation Baker
10. Father's Birthplace, Balti City

Name of Medical Attendant, or other person who makes this Return, Mary Gregory

Address, 1913 Gough St

Remarks,

18930002489

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 2 1893
4. *Place of Birth, (Street and Number)*	402 Cross St
5. *Full Name of Mother,*	Mathilde Wiedeck
6. *Mother's Maiden Name,*	Mulke
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Wiedeck
9. *Father's Occupation,*	Store keeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	J. Sylvester Adams
Address,	1032 Hanover St
Remarks,	

8 9 3 0 0 0 2 4 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) - - - -

3. Date of Birth, May 7 th 1893

4. Place of Birth, (Street and Number) 1411 1/2 431 6 Monument

5. Full Name of Mother, Sadie Hunter

6. Mother's Maiden Name, Russel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Hunter

9. Father's Occupation, Lyer Longer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L Hess

Address, 1907 E Monument St

Remarks,

18930002491

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Aug 6 [illegible]
4. *Place of Birth, (Street and Number)*	2[illegible] Wellington Ave
5. *Full Name of Mother,*	Rachel Thomas
6. *Mother's Maiden Name,*	" Lukes
7. *Mother's Birthplace,*	King and Queen Co Va
8. *Full Name of Father,*	John Thomas
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	King and Queen Co Va
Name of Medical Attendant, or other person who makes this Return,	Dr Smith
Address,	711 Rapid Av
Remarks,	

1893000 2492

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex.* (state whether male or female)	Female
2. *Race or Color.* (if not of the white race)	Colored
3. *Date of Birth.*	Dec. 6, 1893
4. *Place of Birth.* (Street and Number)	# 1120 Lowe Lane A.
5. *Full Name of Mother,*	Mary Elsie
6. *Mother's Maiden Name,*	" Bryan
7. *Mother's Birthplace,*	North Carolina
8. *Full Name of Father,*	William Elsie
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Church Charle Dor. Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Susan Hooper
Address,	# 123 N. Durham St.
Remarks,	

1893000002493

Wm. J. C. Dulany Co., City Printers and Stationers

...sex, color, the full name and occupation of the parents, the date and place of birth, and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become and within the period above required, and ...child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- ...pay such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49263.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 6, 1893.
4. *Place of Birth, (Street and Number)* Pratt bet. Hillen and Calvert
5. *Full Name of Mother,* Ellen Nichols.
6. *Mother's Maiden Name,* Ellen Brophy.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Charles Nichols.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Edwards M.D.

Address, 1741 Hanford ave

Remarks,

1893 0002494

Each collector, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49266.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Chi
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Aug. 6, 1893
4. *Place of Birth, (Street and Number)*	1521 Fairmount Ave.
5. *Full Name of Mother,*	Mary Jane Henry
6. *Mother's Maiden Name,*	Mary Jane Hemsley
7. *Mother's Birthplace,*	Rockbridge Co. Va.
8. *Full Name of Father,*	Murray Henry
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Rockbridge Co. Va.
Name of Medical Attendant, or other person who makes this Return,	Susan Rachel
Address,	123 N. Durham St.
Remarks,	

1893000 2495

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

49267

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th Eleventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 6th 1892
4. Place of Birth (Street and Number)	1826 N. Gilmington Ave,
5. Full Name of Mother	Josephine D. Fuller
6. Mother's Maiden Name	" Corrigan
7. Mother's Birthplace	Baltimore County Md
8. Full Name of Father	Joshua L. Fuller
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto. County Md.
Name of Medical Attendant, or other Person who makes this Return.	A. Hayward M.D.
Address	2125 E. N. Avenue
Remarks	

1893 0002496

RETURN OF A BIRTH. A 49268.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born Aug 6th 189[illegible]
4. *Place of Birth, (Street and Number)* # 1012 Frederick Ave
5. *Full Name of Mother,* Mrs Katie Muth
6. *Mother's Maiden Name,* Miss " Krauss
7. *Mother's Birthplace,* Hessen Germany
8. *Full Name of Father,* Henry Muth
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Hessen Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Hiller

Address, # 2127 W. Pratt St

Remarks,

1893000249 7

Each contract its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 5-14-52

A 49759.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Frederick Bruning 4th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, august 6th 1893
4. Place of Birth, (Street and Number) 1910 Hanover St
5. Full Name of Mother, Mary Bruning
6. Mother's Maiden Name, Mary Sheckels
7. Mother's Birthplace, Baltimore - md
8. Full Name of Father, George Bruning
9. Father's Occupation, Oyster Shucker
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Ellenora A. anderson

Address, 1434 Patapsco St

Remarks,

8930002498

Wm. J. C. Dulany Co. City Printers and Stationers

Each Contractor's sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A. 49270.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 6th 1873
4. Place of Birth, (Street and Number) 426 N. Fremont Ave.
5. Full Name of Mother, Mary Catherine Brown.
6. Mother's Maiden Name, Irby Catherine Cook
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Calvert Clayton Brown
9. Father's Occupation Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N. Appleton St

Remarks, 1893000249 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4997.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, August th 7 1893
4. Place of Birth, (Street and Number) Peach Alley 126
5. Full Name of Mother, Mary Hollens
6. Mother's Maiden Name, Mary Lundy
7. Mother's Birthplace, Accomack virginia
8. Full Name of Father, Marx Hollens
9. Father's Occupation Labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Wilson

Address, No 124 west Henry st

Remarks, full 9 months

1893000025 00

Wm. J. C. Dulany Co., City Printers and Stationers

be entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 164977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colud
3. Date of Birth, August 11 1893
4. Place of Birth, (Street and Number) Hamburg st 116
5. Full Name of Mother, Anna Hall
6. Mother's Maiden Name, Anna Howard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charley Howard
9. Father's Occupation, Laun
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Wilson

Address, No 124 east Henry st

Remarks, full 9 months

1893000250 1

...J. C. Dulany Co., City Printers and Stationers

No. 49973.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colrd
3. *Date of Birth,*	August 11 1899
4. *Place of Birth, (Street and Number)*	Eutaw st No 218
5. *Full Name of Mother,*	Fanny Tuton
6. *Mother's Maiden Name,*	Fanny Stanley
7. *Mother's Birthplace,*	Decorah Virginia
8. *Full Name of Father,*	James Stanley
9. *Father's Occupation*	Labour
10. *Father's Birthplace,*	Cambridge
Name of Medical Attendant, or other person who makes this Return,	Hannah Sue Wilson
Address,	No 124 west Lurey st
Remarks,	full 9 months

16730002502

...J. C. Dulany Co., City Printers and Stationers.

...person concerned, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the mother, immediately thereafter, it shall become the duty of the person above required, and child to report. Its persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or ~~female~~)	White
2. Race or Color, (if not of the white race)	W.
3. Date of Birth,	Aug 14 1893
4. Place of Birth, (Street and Number)	2121 Eastern Ave
5. Full Name of Mother,	Mary Knecht
6. Mother's Maiden Name,	Mary Wittecher
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	George Knecht
9. Father's Occupation	Butcher
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mary Dorsey
Address,	1703 York St
Remarks,	

1893 0002503

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 4977.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 7th 1893
4. *Place of Birth, (Street and Number)*	1303 Holland Avenue
5. *Full Name of Mother,*	Fanny Houston Nussear
6. *Mother's Maiden Name,*	T. H. McClellan
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Charles William Nussear
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Emmitsburg Md
Name of Medical Attendant, or other person who makes this Return.	T. C. Galehouse Physician
Address,	1301 Valley Street
Remarks,	Normal.

1 6 9 3 0 0 0 2 5 0 4

Each contributor, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or principal of the person or parents of such child. In case the birth of any child shall occur without the attendance of a physician or midwife, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

A 49776

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	aug. 7 - 1893
4. Place of Birth, (Street and Number)	2215 E. Baltimore st
5. Full Name of Mother,	Lizzie Shamberger
6. Mother's Maiden Name,	" Kram
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Joseph Shamberger
9. Father's Occupation,	Builder
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	P. G. Rauschenb'd
Address,	1729 E. Baltimore st.
Remarks,	

1893000 1505

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 114277.

CERTIFICATE CORRECTED 2-1-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas ~~Francis~~ Fox

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 7, 1923
4. Place of Birth, (Street and Number) 1235 Bismarck Street
5. Full Name of Mother, Anna Fox.
6. Mother's Maiden Name, Anna ~~Finn~~ Meagher
7. Mother's Birthplace, Maryland
8. Full Name of Father, Ferdinand Fox
9. Father's Occupation Contractor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Eug. L. Oldwell M.D

Address, 1221 Harford ave.

Remarks,

1 0 9 3 0 0 0 2 5 0 6.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, Aug 7th 1893
4. Place of Birth, (Street and Number) 1118 Vincent alley
5. Full Name of Mother, Celia Jones
6. Mother's Maiden Name, do do
7. Mother's Birthplace, do
8. Full Name of Father, "Suspicion only" Unknown
9. Father's Occupation, do
10. Father's Birthplace, do

Name of Medical Attendant, or other person who makes this Return, Elizabeth Dupkins

Address, 1114 Vincent alley.

Remarks,

1893000 2507

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 42979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~1st, 2d, 3d, &c.~~)

1. *Sex,* (~~Male~~ female)
2. *Race or color,* (~~White~~ not of the white race) Colored
3. *Date of Birth,* Aug 7th 1893
4. *Place of Birth,* (Street and Number) 414 Courtland St
5. *Full Name of Mother,* Emma Watkins
6. *Mother's Maiden Name,* Danby
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas. Watkins
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. P. Kintzing MD

Address, 601 N Franklin St

No *Remarks,*

1893000 2508

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. No. 49280.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 2 1873

4. Place of Birth, (Street and Number) hamburg st 1157

5. Full Name of Mother, Emma M Mitchell

6. Mother's Maiden Name, Emma M Wonder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John F Mitchell

9. Father's Occupation Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 231 N Pappleton St

Remarks, 1 6 9 3 0 0 0 2 5 0 9

The Law requires the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

49781.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 8. 1893.
4. *Place of Birth, (Street and Number)*	963 N. Washington St
5. *Full Name of Mother,*	Laura Hildebrandt
6. *Mother's Maiden Name,*	Laura Carr
7. *Mother's Birthplace,*	Carlisle Penna
8. *Full Name of Father,*	William Hildebrandt
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	East Berlin Penna
Name of Medical Attendant, or other person who makes this Return.	W. C. Sandrock
Address,	1242 N. Broadway
Remarks,	

1893000251 0

GEO. J. O. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	White
2. *Race or Color, (if not of the white race)*	August 4th 1893
3. *Date of Birth,*	# 523 N. Mount St
4. *Place of Birth, (Street and Number)*	Anna Bell Payne
5. *Full Name of Mother,*	Balto. Md
6. *Mother's Maiden Name,*	Herman Beard
7. *Mother's Birthplace,*	Lawyer
8. *Full Name of Father,*	Balto. Md
9. *Father's Occupation,*	A. L. Gaut M.D.
10. *Father's Birthplace,*	535 N. Lombard St
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	

893 0002511

Wm. J. C. Dulany Co., City Printers and Stationers.

seen conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 149783.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 9th 1893

4. Place of Birth, (Street and Number) 1120 E Gay St

5. Full Name of Mother, Sarah Medford

6. Mother's Maiden Name, Medford

7. Mother's Birthplace, Annapolis Md

8. Full Name of Father, Oliver H Medford

9. Father's Occupation, Oyster Baker

10. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other person who makes this Return, J W Stephen M D

Address, 1120 E Gay St

Remarks,

1693 0002512

...C. Dulany Co., City Printers and Stationers

...name can be ascertained the full name of each child, if any shall have ...ents, the date and place of birth; and the ...form of a certificate between the first and ...been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered duly signed by the ...Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or ...third day of each and every month to the office of ...midwifery, or should no other person required, and ...attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. 49284

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 4th 1893

4. *Place of Birth, (Street and Number)* 2039 E. Hoffman St

5. *Full Name of Mother,* Maggie V. Carroll

6. *Mother's Maiden Name,* Hughes

7. *Mother's Birthplace,* Wilmington Del.

8. *Full Name of Father,* Joseph H. Carroll

9. *Father's Occupation* Commission Merchant

10. *Father's Birthplace,* Caroline Co. Md

Name of Medical Attendant, or other person who makes this Return, S. H. Baldwin M.D.

Address, 1201 E. Lafayette St.

Remarks,

693000 25 13

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. a 19788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 9th 1893

4. Place of Birth, (Street and Number) #526 W. Batt st.

5. Full Name of Mother, Celia Thresa Creighton

6. Mother's Maiden Name, Celia Thresa Carr

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George William Creighton

9. Father's Occupation Assistant Foreman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Hunter

Address, 23 E Lexington St

Remarks, 1893000025114

said schedule shall be delivered, duly filled out, to the Commissioner of Health, or to the office of the Coroner of midwifery, of the person or parents required, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 49286.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the child shall die before the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race)
3. Date of Birth, August 9th 1893. 12 M.
4. Place of Birth, (Street and Number) 868 N. Lombard St.
5. Full Name of Mother, Cecelia Weber
6. Mother's Maiden Name, " Grotendiek
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Frank Weber
9. Father's Occupation, Grocer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, H. H. Dieckhoff M.D.

Address, 875 N. Lombard St.

Remarks,

1893 0002515

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49787

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* Aug 9th 93
4. *Place of Birth, (Street and Number)* Mulberry & Howard sts
5. *Full Name of Mother,* Elizabeth J Duvall
6. *Mother's Maiden Name,* Elizabeth Simpson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Marius M Duvall
9. *Father's Occupation* Merchant.
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Truman F Hill

Address, 1401 W Fayette st

Remarks,

1893 000251 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First —
1.	*Sex, (state whether male or female)*	Male —
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Aug: 10: 93:
4.	*Place of Birth, (Street and Number)*	433 Druid Hill ave
5.	*Full Name of Mother,*	Annie Ruppert
6.	*Mother's Maiden Name,*	" Schubert
7.	*Mother's Birthplace,*	City
8.	*Full Name of Father,*	John C. Ruppert
9.	*Father's Occupation,*	Tailor.
10.	*Father's Birthplace,*	Germany
	Name of Medical Attendant, or other person who makes this Return,	Wm A. B. Sellman M.D.
	Address,	5. E. Biddle St.
	Remarks,	

1893000251 7

and scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 49789.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 10, 1893
4. Place of Birth, (Street and Number) 625 N Dallas St
5. Full Name of Mother, Mary Toles
6. Mother's Maiden Name, N Soddy
7. Mother's Birthplace, Lakenstead Virginia
8. Full Name of Father, Griffin Toles
9. Father's Occupation, Laborer
10. Father's Birthplace, Lakenstead Virginia

Name of Medical Attendant, or other person who makes this Return, Susan Cooper

Address, 123 N Durham St

Remarks, No Remarks

1893000025 18

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 149790.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 10th
4. Place of Birth, (Street and Number) 1504 Belair Road
5. Full Name of Mother, Herman Bonhagen
6. Mother's Maiden Name, Lizzie A Will
7. Mother's Birthplace, Germany
8. Full Name of Father, Lizzie Bonhagen
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Burns

Address, 1600 N. Chester st Belair Ave

Remarks,

1893 000025 19

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49791.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Aug 11, 1873.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Balto Aug 10. 1873.
4. *Place of Birth, (Street and Number)* 1936 Bank St.
5. *Full Name of Mother,* Lizzie Kellinger
6. *Mother's Maiden Name,* Lizzie Thyer.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Kellinger
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Sound.

Address, 110 South Wolfe St

Remarks,

1873 AUG 20 1520

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

49797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 10th 1893
4. *Place of Birth, (Street and Number)* No. 662 Fredrick Ave
5. *Full Name of Mother,* Edith Gwynn Oakley
6. *Mother's Maiden Name,* Edith Gwynn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Simmons Gwynn
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1693000 2521

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Physician or practitioner in charge of the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parent required, and attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the form of certificate aforesaid. The provisions of this section shall be complied with by the person who shall hereafter fail to comply with any such provisions of this section shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 49293.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	August 18th 1893
4. *Place of Birth, (Street and Number)*	William St
5. *Full Name of Mother,*	Anna Schafer
6. *Mother's Maiden Name,*	Anna Roke
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Schafer
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Gustavus M Peter
Address,	1023 E Charles St
Remarks,	City

1893000225 2

Duplicate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately on the birth, it shall become and within the period above required, such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. HULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. E 49794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 10 1893
4. *Place of Birth, (Street and Number)* 2e 110 Harford ave
5. *Full Name of Mother,* Annie Hagel
6. *Mother's Maiden Name,* Annie Weber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Hagel
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Jno. A. Elwell M.D.

Address, 1241 Harford ave

Remarks,

1893000523

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 5 Ch.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 1st August 1898
4. *Place of Birth, (Street and Number)*	Res 1206 Milton Ave
5. *Full Name of Mother,*	Mary Schaefer
6. *Mother's Maiden Name,*	Mary Eber
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Fred Schaefer
9. *Father's Occupation*	Cabinet maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eth. Lauer
Address,	No 1059 Hanford Ave
Remarks,	Bal. Md.
	1893

1 8 9 3 0 0 0 2 5 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 19796.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) male

2. *Race or Color* (if not of the white race) colored

3. *Date of Birth* August 11

4. *Place of Birth* (Street and Number) 644 Bradley st

5. *Full Name of Mother* Lucy Leighman

6. *Mother's Maiden Name* Mrs Lucy Williams

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* James Douglas Leighman

9. *Father's Occupation* Longshoreman

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Caroline Battles

Address

Remarks

1893000525

RETURN OF A BIRTH. A 49297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, August 11th 93.
4. Place of Birth, (Street and Number) 641 Lexington St.
5. Full Name of Mother, Anna Miller.
6. Mother's Maiden Name, Premature, between the 7th & 8th Month
7. Mother's Birthplace, Said to be represented as the Canada,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, John C. Voigt. M.D.

Address, 662 N. Gilmor St

Remarks,

1893 0002526

888 J. D. SULLIVAN CO CITY PRINTERS AND STATIONERS.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 49298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 August
4. *Place of Birth, (Street and Number)* 802 E Lexington
5. *Full Name of Mother,* Lizzie Walker
6. *Mother's Maiden Name,* Mann
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* [illegible] Walker
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Tilley

Address, 802 E Lexington

Remarks,

B 9 3 0 0 0 2 5 2 7

Wm. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicher of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 August 1873
4. Place of Birth, (Street and Number) 154 Retreat St
5. Full Name of Mother, Jennie Keller
6. Mother's Maiden Name, Jennie Christ
7. Mother's Birthplace, Washington
8. Full Name of Father, Frederick G Keller
9. Father's Occupation Car Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jacob Kuntz

Address, 23 d Expedition St

Remarks, 1893 0 0 0 2 5 2 8

Said schedule shall be delivered, duly signed by the practitioner in the case, the date and place of birth; and the form of a certificate between the first and the birth of any child in case the person be in the duty of the person or parent required, and shall be complied with and within the period above required, and shall be subject to the penalties and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-49300.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Friday 11 7 August 193
4. Place of Birth, (Street and Number) No 715 Eaton St
5. Full Name of Mother, Sarah E Pratt
6. Mother's Maiden Name, Sarah E Roby
7. Mother's Birthplace, Snow Hill Worcester Co md
8. Full Name of Father, Robt W. Pratt
9. Father's Occupation, Assistant Engineer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Maria Wright

Address,

Remarks,

B 9 3 0 0 0 7 5 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 14301.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 August
4. Place of Birth, (Street and Number) 211 N Spring St
5. Full Name of Mother, Sadie Lee
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas Hax
9. Father's Occupation, Clerk
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Wm L McCoy

Address, 1812 E Lexington

Remarks,

18930002530

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 1 1893.
4. Place of Birth, (Street and Number) Baltimore Md 426 S Stricker St
5. Full Name of Mother, Catherine Mahoney.
6. Mother's Maiden Name, Catherine O'Hurley
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michael Mahoney.
9. Father's Occupation, Labor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return: Mrs Mary Keating

Address, 426 S Stricker St Baltimore Md City

Remarks, Mother and Child are doing well

8930005531

WM J C DULANY CO CITY PRINTERS AND STATIONERS

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A. 49303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, August 11th 1905.
4. Place of Birth, (Street and Number) 1342 Monroe St
5. Full Name of Mother, Mary Alice Arnold.
6. Mother's Maiden Name, Mary Alice Haines,
7. Mother's Birthplace, Carroll Co. Md
8. Full Name of Father, Henry C. Arnold,
9. Father's Occupation, Policeman,
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, John L. Brozek, M.D.

Address, 662 W. Lexington St

Remarks,

1893000 2532

~~third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of item 10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable~~

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, August 7th 93.
4. Place of Birth, (Street and Number) No 2040 Hanover St.
5. Full Name of Mother, Mary Stob
6. Mother's Maiden Name, " Wittenberg
7. Mother's Birthplace, Germany
8. Full Name of Father, Gotlieb Stob
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Annie Jeenz

Address, No 608 S. Charles St,

Remarks, Yours Respectfully.

1893 U 0 0 2 5 3 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

E 49305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(6)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colard
3. *Date of Birth,*	August 11th
4. *Place of Birth, (Street and Number)*	Balto 1113 Mason al
5. *Full Name of Mother,*	Adline Banks
6. *Mother's Maiden Name,*	= = Walker
7. *Mother's Birthplace,*	Charlottesville Va
8. *Full Name of Father,*	Joseph J Banks
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

1 8 9 3 0 0 0 5 3 4

...ered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...J. D. ELLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 19306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 11
4. Place of Birth, (Street and Number) 511 Myrtle St
5. Full Name of Mother, Marry Jenkins
6. Mother's Maiden Name, Marry Hatkie
7. Mother's Birthplace, Washington D C
8. Full Name of Father, William Jenkins
9. Father's Occupation Barber
10. Father's Birthplace, Baden Germ

Name of Medical Attendant, or other person who makes this Return, Keeler Eclance

Address, 607 Preston St

Remarks,

1930002535

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49307.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	1st
1. *Sex (state whether male ~~or female~~)*	Male.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	12th August 93.
4. *Place of Birth (Street and Number)*	914 W. Fayette St.
5. *Full Name of Mother*	Matilda ~~Hood~~.
6. *Mother's Maiden Name*	Matilda Fallenbach.
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Levi C. Hood.
9. *Father's Occupation*	Salesman.
10. *Father's Birthplace*	~~Baltimore~~
Name of Medical Attendant, or other Person who makes this Return.	A. M. Littell.
Address	Fayette & Fremont Sts.
Remarks	

1893 0 0 0 2 5 3 6

Physician, Midwife or other person in attendance at birth, is required to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 49308.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 12th or 13th Midnight.
4. *Place of Birth, (Street and Number)* 1603. E Lanvale St
5. *Full Name of Mother,* Margaret Morgan
6. *Mother's Maiden Name,* Margaret Bird
7. *Mother's Birthplace,* Anne Arundel Md
8. *Full Name of Father,* Little B Morgan
9. *Father's Occupation,* Carriage Driver. (Edmondson Ave Line)
10. *Father's Birthplace,* A A County Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Tracy

Address, 116. W Lanvale St

Remarks, Child born at Two minutes past twelve o'clock Saturday night or Sunday morning. Aug 12th or 13th 93.

1893 00 7551

PUBLISHED BY J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 49309.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. - 12-1893
4. Place of Birth, (Street and Number) 1825 Jefferson st.
5. Full Name of Mother, Kate Callsen
6. Mother's Maiden Name, " Schaefer
7. Mother's Birthplace, City
8. Full Name of Father, Harry H. Callsen
9. Father's Occupation, Cutter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. P. G. Dauschkund

Address, 1729 E. Balto. st.

Remarks,

8 9 3 0 0 0 2 5 3 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

A 49310

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	12 day of August.
4. *Place of Birth, (Street and Number)*	1091 Lafayette av.
5. *Full Name of Mother,*	Christina Groot.
6. *Mother's Maiden Name,*	Christina Larsen.
7. *Mother's Birthplace,*	Norway.
8. *Full Name of Father,*	~~Ryerly~~ John Groot
9. *Father's Occupation,*	Shoe Merchant.
10. *Father's Birthplace,*	Norway.
Name of Medical Attendant, or other person who makes this Return.	Mrs Connelly
Address,	No 1635 Little Walsh St Md.
Remarks,	Born

1893000 2539

THE J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS

A. 49311.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* August 12-1893
4. *Place of Birth, (Street and Number)* # 29 N. Bond St.
5. *Full Name of Mother,* Susan Newman
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Chas. Lewis
9. *Father's Occupation,* machinist
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Thos S Craig M.D.

Address, # 2129 N Bond St

Remarks,

1893 0002540

Sec. 2. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause to be printed a sufficient number of blank certificates, which shall be in the form hereinafter prescribed, and to furnish the same to the physicians, midwives and other persons who may be entitled to receive them, and to cause the same to be distributed in such manner as he may deem best calculated to secure a prompt return of all births. Sec. 3. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the births of children to be registered in a book or books to be kept for that purpose, and to cause to be recorded therein the information required to be returned by the provisions of this ordinance, and to cause to be made and recorded such other information relative to births as he may deem necessary. Sec. 4. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause to be made a return of the births registered in his office during the preceding month, to the Board of Health, at the regular meeting of said Board in each and every month. Sec. 5. And be it further enacted, That it shall be the duty of every physician, midwife or other person in attendance upon any case of birth occurring within the limits of Baltimore City, to make a return of such birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 49317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, August the 12 1893
4. Place of Birth, (Street and Number) Baltimore MD 1228 Washington Ave
5. Full Name of Mother, Ella Bruchey
6. Mother's Maiden Name, Ella Adams
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, Joseph Washington Bruchey
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Mrs Susan Walters

Address, 1218 Bayard st Baltimore MD

Remarks,

1893000 2541

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49313.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, August 12/93
4. Place of Birth, (Street and Number) No 214 Cross St
5. Full Name of Mother, Mrs Minnie Bond.
6. Mother's Maiden Name, " " Lee
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Oliver Bond
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Annie Jones

Address, No 1602 S. Charles St.

Remarks, Yours Respectfully,

1893 JUN 5 12

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 49316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8/12 Lombard St East
4. Place of Birth, (Street and Number) August 14th 1890
5. Full Name of Mother, Ida Shoemaker
6. Mother's Maiden Name, Ida Finkelstein
7. Mother's Birthplace, Sodeve Prussia
8. Full Name of Father, Wm Shoemaker
9. Father's Occupation Clock Maker
10. Father's Birthplace, Sodeve Russia

Name of Medical Attendant, or other person who makes this Return, Victor Klauminsky

Address, 19 S. Canal St

Remarks,

1893000 2513

This return shall be delivered, duly signed by the practitioner (in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 49315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 14 93
4. Place of Birth, (Street and Number) 703 E. Chas St
5. Full Name of Mother, Anne Kirsch
6. Mother's Maiden Name, Anne Levin
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Kirsch
9. Father's Occupation Clothing
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Lene Barber

Address, 44 E. York St.

Remarks,

1893000254 4

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 49316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug - 12 - 1893
4. Place of Birth, (Street and Number) 928 - E. York st
5. Full Name of Mother, Cecilia Faulkner
6. Mother's Maiden Name, Reynolds
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas E. Faulkner
9. Father's Occupation Physician
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Howard Carter M.D.

Address, 914 N. Charles st

Remarks,

1893000525.15

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. D 4937.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 12th 1893
4. *Place of Birth, (Street and Number)*	No 17½ Lansing Court
5. *Full Name of Mother,*	Emilie Schulte
6. *Mother's Maiden Name,*	Emilie Birr
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Ferdinand Schulte
9. *Father's Occupation*	Cabinetmaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm Ch. Lewis
Address,	No 1057 Stafford Court
Remarks,	Bal Md.
	1893

1893 0 0 2 5 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 August
4. Place of Birth, (Street and Number) 1233 Washington Ave.
5. Full Name of Mother, Emma Mulligan
6. Mother's Maiden Name, Kane
7. Mother's Birthplace, Balto
8. Full Name of Father, John T Mulligan
9. Father's Occupation Fireman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mc R Dillig

Address, 1130 Washington Ave

Remarks,

B 9 3 0 0 0 2 5 4 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 49319.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) colored
3. Date of Birth. August 12th
4. Place of Birth, (Street and Number) near 902
5. Full Name of Mother, Emma ~~Coale~~ Pratt
6. Mother's Maiden Name, Emma Coale
7. Mother's Birthplace, Carroll county Md
8. Full Name of Father, John R Pratt
9. Father's Occupation, Bar tender
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. [illegible] Bird

Address, 640 Biddle st

Remarks, 1893 0002548

... BULLEY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 49370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August. 12th 1893
4. Place of Birth, (Street and Number) 1307. Marshall, St
5. Full Name of Mother, Mary. Elizebeath. Floyd
6. Mother's Maiden Name, Mary. E. Cambridge
7. Mother's Birthplace, Baltimore, md
8. Full Name of Father, George. Edward. Floyd
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore. md

Name of Medical Attendant, or other person who makes this Return, Ellenora. A. anderson

Address, 1434. Patapsco. St

Remarks,

1893 0 0 0 7549

...each day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. SULLIVAN CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 49,371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Wh. C.
3. Date of Birth, August 13th 1879
4. Place of Birth, (Street and Number) No 13 Young St
5. Full Name of Mother, Hannah Meikel
6. Mother's Maiden Name, Hannah Conrad
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Meikel
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks, 1893 0002550

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49,377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	M. 10th.
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	August 13/93
4.	*Place of Birth, (Street and Number)*	1809 Hanover St.
5.	*Full Name of Mother,*	Louise Kraemer
6.	*Mother's Maiden Name,*	" England
7.	*Mother's Birthplace,*	Balto Md.
8.	*Full Name of Father,*	John Kramer
9.	*Father's Occupation,*	Barber
10.	*Father's Birthplace,*	Balto Md.
	Name of Medical Attendant, or other person who makes this Return.	Annie Jeanz
	Address,	No 1603 E. Charles St
	Remarks,	Yours Respectfully

1893 000355 1

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 49373.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 13 August
4. Place of Birth, (Street and Number) Baltimore Stricker at 811
5. Full Name of Mother, Mary A Kenton
6. Mother's Maiden Name, Imle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Benton
9. Father's Occupation, Seaman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Harrenton

Address, 924 Bunny at

Remarks, Linton

1893000255 2

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 41,334.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether ~~male~~ or female) White

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 4 1897

4. Place of Birth, (Street and Number) 617 W Pratt St

5. Full Name of Mother, Celia Goldberg

6. Mother's Maiden Name, " Cohen

7. Mother's Birthplace, Russia

8. Full Name of Father, Harris Goldberg

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Dr. Oldendorf M.D.

Address, 614 Aisquith St

Remarks,

1897 000355 7

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

(one)

RETURN OF A BIRTH. A. 49375.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) Fannie Elnore Robert

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth, August 13th 1893
4. Place of Birth, (Street and Number) 10 28 McDonough st
5. Full Name of Mother, Daisilla H Roberts
6. Mother's Maiden Name, " " Mauley
7. Mother's Birthplace, Balto City
8. Full Name of Father, Ishal Fr Roberts
9. Father's Occupation, Plasterer
10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return, N Ridgway Andrews M.D.

Address, 123 E Baltimore st

Remarks, 1893000254

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 13 1893
4. *Place of Birth, (Street and Number)* 1821. E Pratt St
5. *Full Name of Mother,* Rida Cook
6. *Mother's Maiden Name,* Rida Wingate
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* Robert. S. Cook
9. *Father's Occupation* Shipping Clerk
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, Asa H E. Knowles

Address, 212 N Patterson Park Ave

Remarks, ...

6 2 3 0 0 0 2 5 5 5

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

E 49327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Within days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th.

1. *Sex, (state whether male or female)* Fem.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 August 13th 1893
4. *Place of Birth, (Street and Number)* 126 S Ann Street
5. *Full Name of Mother,* Mary E Freedle
6. *Mother's Maiden Name,* Feller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Freedle
9. *Father's Occupation* Police Officer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H E Knowles

Address, 212 N Patterson Pk Ave

Remarks,

1893 0002556

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49,378.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth,

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) —
3. Date of Birth, Aug. 13. 93
4. Place of Birth, (Street and Number) 1 E. Pratt St.
5. Full Name of Mother, Mrs. Martha Ellen Shaw Wenslow
6. Mother's Maiden Name, Nip " " Shaw
7. Mother's Birthplace, Boston, Mass.
8. Full Name of Father, Thomas Henry Wenslow
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Pratt M. D.

Address, 1000 E. Balt. St.

Remarks, Natural delivery,

[6930002557]

Wm. J. C. Dulany Co., City Printers and Stationers.

In case of the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 13th 1893
4. Place of Birth, (Street and Number) 890 N. Lombard
5. Full Name of Mother, Mary Mc Quirk
6. Mother's Maiden Name, Stretch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. Mc. Quirk
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. A. L. Andrews

Address, 1538 N. Lombard St.

Remarks,

1893 0000 2558

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A49330.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colard Race
3. Date of Birth, 13 day of August
4. Place of Birth, (Street and Number) 126 Rogers Avenue
5. Full Name of Mother, Mary Lucetta Howard
6. Mother's Maiden Name, Mary Lucetta Crosley
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, Charles H. Howard
9. Father's Occupation Ice cream Manufactor
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Mrs Hampton

Address, 1401 Union Ave

Remarks, Doing Well

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

H9337.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 13 - 1893
4. *Place of Birth, (Street and Number)* 906 S. Paca St.
5. *Full Name of Mother,* Sarah L. Browning
6. *Mother's Maiden Name,* " L. Barton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Talbot L. Browning
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return, Theodore Ortte Jr.

Address, 911 N. Charles St

Remarks,

L 8 9 3 U 0 0 2 5 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 15th 1898

4. Place of Birth, (Street and Number) 1810 E Fayette St

5. Full Name of Mother, Teadie Vitty

6. Mother's Maiden Name, Teadie Pajtan

7. Mother's Birthplace, Aaro Rhys

8. Full Name of Father, Teadi Vitty

9. Father's Occupation Blacksmith

10. Father's Birthplace, Greece

Name of Medical Attendant, or other person who makes this Return, Julia Klimonsky

Address, 19 S Canal St

Remarks,

1893000 2561

W. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49333.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore

1. Sex, (state whether male or female) Male three race of children
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Sunday 13 August seven o'clock.
4. Place of Birth, (Street and Number) 3 head of children.
5. Full Name of Mother, Louise Washington
6. Mother's Maiden Name, Loise Riley.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Washington
9. Father's Occupation, Dead.
10. Father's Birthplace, Dead

Name of Medical Attendant, or other person who makes this Return, Sawyener Mills

Address, ~~1443 Hoard st~~ 1428 Carroll.

Remarks, Ward st 1341

1893000 2562

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 49332

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female).* female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* August 13.
4. *Place of Birth, (Street and Number)* Baltimore City Baker Street 577.
5. *Full Name of Mother,* Mollie Hemwick.
6. *Mother's Maiden Name,* Mollie Moore.
7. *Mother's Birthplace,* St Marys County.
8. *Full Name of Father,* John Hemwick
9. *Father's Occupation,* Gripman.
10. *Father's Birthplace,* St Marys County.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

PIET, PRINTER & STATIONER, BALT.

M 9 3 0 0 0 2 5 6 3

RETURN OF A BIRTH. A 149336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female).*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 14 1893.
4. *Place of Birth, (Street and Number)*	123 Hanover st
5. *Full Name of Mother,*	Louise Otto
6. *Mother's Maiden Name,*	Heckel
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Julius Otto
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	J. Lawrence Mitchell
Address,	1032 Hanover st
Remarks.	

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

0 / 3 0 0 0 2 5 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49336.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Africane
3. *Date of Birth,* Aug 14 93
4. *Place of Birth (Street and Number),* 2307 Morris St
5. *Full Name of Mother,* Annie Turner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* S. Turner
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. E. K. Ballard M.D.

Address, 600 Park Ave

Remarks, Child lived 40 minutes after birth.

1893 0 0 0 2 5 6 5

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A. 49337.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Aug 14th 1893
4. Place of Birth, (Street and Number) 1106 Goodmanmal.
5. Full Name of Mother, Adelaia Duffen
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Virginia
8. Full Name of Father, Thomas Duffen
9. Father's Occupation Labourer
10. Father's Birthplace, Talbot County Md

Name of Medical Attendant, or other person who makes this Return Caroline Moore

Address, 49 N. West st

Remarks,

1893 U 002566

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49338.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Childrens

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 14th August

4. Place of Birth, (Street and Number) 313 Duncan Alley

5. Full Name of Mother, Hester Anderson

6. Mother's Maiden Name, Hester Anders

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Anderson

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geraldine Patterson

Address, 401 Lewis Street

Remarks, Having very well

1897 0002567

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49334.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Aug. 14. 93
4. Place of Birth, (Street and Number) 213 N. Wash. St.
5. Full Name of Mother, Mrs. Margaret Laitl Gille
6. Mother's Maiden Name, Wif ... Laitl
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, Peter Lorenz Gille
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, G. G. Rentz M. D.

Address, 200 S. Balt. St.

Remarks, Natural Delivery

1893 0002568

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 49360.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 14 1893
4. Place of Birth, (Street and Number) 628 Columbia Ave
5. Full Name of Mother, Ella L. Donnelly
6. Mother's Maiden Name, Ella Draper
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John J. Donnelly
9. Father's Occupation, Driver for Kutzler Bros.
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, Thos. F. McCormick

Address, 1421 Eutaw Place

Remarks,

1893 0006567

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. L 49341.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	August 14/93
4.	*Place of Birth, (Street and Number)*	No 108 Elizabeth Lane
5.	*Full Name of Mother,*	Mary Shellhouse
6.	*Mother's Maiden Name,*	nee Magner
7.	*Mother's Birthplace,*	Balto Md
8.	*Full Name of Father,*	John Shellhouse
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Balto Md.
	Name of Medical Attendant, or other person who makes this Return.	Anne Jones
	Address,	No 160 S Charles St
	Remarks,	Yours Respectfully

1893 000 570

BM J. D. ENLANY CO CITY PRINTERS AND STATIONERS

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

In case the birth of any child

RETURN OF A BIRTH. A 149447

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 4 th 1893
4. Place of Birth, (Street and Number) No 1108 Johnson st
5. Full Name of Mother, Rosia Bopp
6. Mother's Maiden Name, Rosia Wolstrom
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Bopp
9. Father's Occupation, Canmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 Byrd st

Remarks,

1893 0002571

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. B 49343.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Mon. Aug 14 1893
4. Place of Birth, (Street and Number) 1416 May Cor. Spring
5. Full Name of Mother, Annie Flannigan
6. Mother's Maiden Name, Annie Flannigan
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, William Ford
9. Father's Occupation, Compositor
10. Father's Birthplace, & Elkton Md

Name of Medical Attendant, or other person who makes this Return, F. J. Cameron M.D.

Address, 403 N Bond St

Remarks,

1893 0007572

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

...month to the office of the Commissioner of Health. In case the birth of any child

...a certificate between the first and

...

...

...

RETURN OF A BIRTH A. 49344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 is am the mother

1. Sex, (state whether male or female) mail
2. Race or Color, (if not of the white race) Colure
3. Date of Birth, august 14
4. Place of Birth, (Street and Number) Baltimore 1920 Edenwald st
5. Full Name of Mother, Annie Collins
6. Mother's Maiden Name, Annie Chandler
7. Mother's Birthplace, Maryland va
8. Full Name of Father, Charles Collins
9. Father's Occupation, Charles Collins - Carter
10. Father's Birthplace, Maryland va

Name of Medical Attendant, or other person who makes this Return. Annie M Davis

Address, 801 Plum - alley

Remarks,

-8930002573

THE J. D. ENSIGN & CO., CITY PRINTERS AND STATIONERS

...each and every month to the office of the Commissioner of Health. In case the birth of any child ...day of ...without the attendance of a physician or practitioner of midwifery, or should no other person be in ...shall occur upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49345.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White Race
3.	*Date of Birth,*	August 15/93
4.	*Place of Birth, (Street and Number)*	No 1826 Hanover St
5.	*Full Name of Mother,*	Emma Koontz
6.	*Mother's Maiden Name,*	" Overton
7.	*Mother's Birthplace,*	Balto Md
8.	*Full Name of Father,*	C. F. Koontz.
9.	*Father's Occupation,*	Contractor.
10.	*Father's Birthplace,*	Balto Md
	Name of Medical Attendant, or other person who makes this Return.	Annie Jeans
	Address,	No 603 S. Charles St
	Remarks,	Yours Respectfully

1893 0 0 0 2 5 1 4

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall neglect or fail to comply with

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 49346.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 15. th 1893 14
4. Place of Birth, (Street and Number) little sharp st Baltimore
5. Full Name of Mother, Susan Thomas
6. Mother's Maiden Name, Susan Robinson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Thomas
9. Father's Occupation, Labor
10. Father's Birthplace, St Marys county

Name of Medical Attendant, or other person who makes this Return, Mrs Fannie Myers

Address, 228. E Lay st

Remarks, 1893 0007575

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 8 August
4. Place of Birth, (Street and Number) 124 S Eden St
5. Full Name of Mother, Agnes Southworth
6. Mother's Maiden Name, Heddinger
7. Mother's Birthplace, Annapolis Md
8. Full Name of Father, Charles Southworth
9. Father's Occupation Clerk
10. Father's Birthplace, Frederick Md

Name of Medical Attendant, or other person who makes this Return, Mrs R Hilby

Address, 1002 E Lexington St

Remarks,

B 9 3 0 0 0 2 5 7 6

Penalty upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 15/93.
4. *Place of Birth, (Street and Number)*	506 N. Fremont
5. *Full Name of Mother,*	Kate Border
6. *Mother's Maiden Name,*	" Spies
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Grant Border
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Johns-Town Pa
Name of Medical Attendant, or other person who makes this Return.	[illegible]
Address,	1330 Lombard St
Remarks,	

LB93000257

Wm. J. C. Dulany Co., City Printers and Stationers.

Attention upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-10-57

RETURN OF A BIRTH. A 49349.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Henry Fuller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, 16th.
4. Place of Birth, (Street and Number) 1929 E. Preston St
5. Full Name of Mother, Annie Fuller.
6. Mother's Maiden Name, Annie Taylor.
7. Mother's Birthplace, Kent Island.
8. Full Name of Father, Benjamin Fuller.
9. Father's Occupation Labor.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Carlton Patterson

Address, 401 Lee St.

Remarks, As well as can be ascertained

1 0 9 3 0 0 0 2 5 7 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 49350.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	W
3. Date of Birth	Aug 16th 1893
4. Place of Birth (Street and Number)	224 S Eden Street
5. Full Name of Mother	Maggie Clinton
6. Mother's Maiden Name	Mannie Vanderventer
7. Mother's Birthplace	Savannah Georgia
8. Full Name of Father	Thos L. Clinton
9. Father's Occupation	Watchman
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Chas H. Mofitt M.D.
Address	111 S. Exeter Street
Remarks	1st Position. Natural Labor. Some trouble with Placenta. Placenta Extraction

RETURN OF A BIRTH. A. #9361.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)	
1.	*Sex, (~~state whether male or~~ female)*	
2.	*Race or Color, (~~if not of the~~ white race)*	
3.	*Date of Birth,*	August 15th 1895.
4.	*Place of Birth, (Street and Number)*	567 W Lexington St.
5.	*Full Name of Mother,*	Martha Meyer.
6.	*Mother's Maiden Name,*	Martha Eisenhart.
7.	*Mother's Birthplace,*	Washington City, D.C.
8.	*Full Name of Father,*	Arthur Meyer,
9.	*Father's Occupation,*	Merchant.
10.	*Father's Birthplace,*	Germany.
	Name of Medical Attendant, or other person who makes this Return,	John L. Heyd M.D.
	Address,	662 W Lexington St.
	Remarks,	

1893000:580

Subscribed, duly signed by the practitioner is the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

SUN J. D. GULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Courtenay Jones

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Aug 14 '93
4.	*Place of Birth, (Street and Number)*	1727 Federal
5.	*Full Name of Mother,*	Ella May Jones
6.	*Mother's Maiden Name,*	Ella May Balgiano
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	Chas. Robt Jones
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return.	W. J. Watson M D
	Address,	1519 N. Broadway
	Remarks,	CERT. MADE ADDED 5-18-54

1893000256 MC

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. SULLIVAN CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 49353.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Male
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored race
3. *Date of Birth,*	Ten Minutes to one Wednesday
4. *Place of Birth, (Street and Number)*	Maryland Balto city
5. *Full Name of Mother,*	Ella Nora Brown
6. *Mother's Maiden Name,*	Ella Nora Ellis
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	James Brown
9. *Father's Occupation,*	Occupation Waiter
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Lizzie Bertha Dorsey
Address,	605 Central ave.
Remarks,	

1 8 7 5 0 0 0 2 5 8 2

...ed, duly signed by the practitioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...of midwifery, or should no other person be in ...become the duty of the person or parents of such ...within the period above required, and ...provisions of this section shall be sub- ...dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ed by the practitioner in the form of a certificate ...to the office of the Commissioner of Health. In case the birth of any ...attendance of a physician or practitioner of midwifery, or should no other person be in ...immediately thereafter it shall become the duty of the person or parents of such ...mother, and within the period above required, and ...Commissioner of Health, in the manner and within the provisions of this section shall be sub- ...who shall hereafter fail to comply with the ...dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...ed, duly signed by the practitioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...of midwifery, or should no other person be in ...become the duty of the person or parents of such ...within the period above required, and ...provisions of this section shall be sub- ...dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

A 49302.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	aug 16 11
4. Place of Birth, (Street and Number)	1911 N Henry St
5. Full Name of Mother,	Louise Koenig
6. Mother's Maiden Name,	Louise Arion
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Powell Koenig
9. Father's Occupation,	Mason Painter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Nellygonda Phyfe
Address,	624 Lombard St
Remarks,	

1693000 2583

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 16th Aug 1893
4. *Place of Birth, (Street and Number)*	No 1631 E. Baltimore
5. *Full Name of Mother,*	Mary Muller
6. *Mother's Maiden Name,*	Mary Brown
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Post Muller
9. *Father's Occupation*	Milk Dairy
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm H. Lamb
Address,	No 1059 Harford Ave
Remarks,	Bal. Md.
	1893

1893 0 0 0 2 5 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 49356.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 16 '93
4. *Place of Birth, (Street and Number)*	1523 Washn St
5. *Full Name of Mother,*	Fanny Catharine Norfolk
6. *Mother's Maiden Name,*	" " Fox
7. *Mother's Birthplace,*	Frederick, Md
8. *Full Name of Father,*	Jno Wesley Norfolk
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	W. J. Watson M D
Address.	1519 N. Broadway
Remarks.	

1693000255

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 17th 1893
4. *Place of Birth, (Street and Number)*	1466 2 Chase st
5. *Full Name of Mother,*	Mrs Mamie Williams
6. *Mother's Maiden Name,*	" Mason
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John W Williams
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return,	Dr W Cottrell MD
Address,	1308 E Chase st
Remarks,	

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

1 6 4 3 0 0 0 1 5 0 6

Guy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49357.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	August 17th 1893
4. *Place of Birth, (Street and Number)*	1420 Orleans St.
5. *Full Name of Mother,*	Charlotte Lewis
6. *Mother's Maiden Name,*	Charlotte Brown
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	James Lewis
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Susan Cooper
Address,	# 123 N. Linthicum St.
Remarks,	

1893000250 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) /
3. Date of Birth, Aug 17 '03
4. Place of Birth, (Street and Number) 2033 Guilford Ave.
5. Full Name of Mother, Grace Keech
6. Mother's Maiden Name, Everett
7. Mother's Birthplace, Balt.
8. Full Name of Father, Chas A. Keech
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return. J. M. Wilson
Address, 105 Mech. Ave.
Remarks,

109 00 0 500

Chas. J. C. Dulany & Co., City Printers and Stationers.

To the end that the attendance of a physician or practitioner at the birth of any child may occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 6-9-55

RETURN OF A BIRTH. 42360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Brown~~ Lee Keller Brown Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 17, 1923
4. Place of Birth, (Street and Number) No. 309 Eleventh St, Parsley.
5. Full Name of Mother, Sarah E. Brown
6. Mother's Maiden Name, Sarah E. Jones
7. Mother's Birthplace, Maryland
8. Full Name of Father, William Brown
9. Father's Occupation, Car Driver.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Lucy A. Chenault, M.D.

Address, 1241 Hanford Ave.

Remarks, 1 6 9 3 0 0 0 2 5 0 9

Every birth occurring within the limits of Baltimore City shall be reported to the Board of Health within ten days after such birth occurs, by the attendant upon the mother at the birth, whether physician, midwife, or other person, and in case there shall be no attendant upon the mother at the birth, or in case the attendant shall be absent from the city, or shall be unable to make such report, then the parent or parents of such child shall report the birth within the time aforesaid. It shall become and be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 49361.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 18/93
4. *Place of Birth (Street and Number)*	6 W. J Barney
5. *Full Name of Mother*	Isabella Cook
6. *Mother's Maiden Name*	Isabella Griffith
7. *Mother's Birthplace*	Balto city
8. *Full Name of Father*	James Edwin Cook
9. *Father's Occupation*	R. R. Brakeman
10. *Father's Birthplace*	Balto city
Name of Medical Attendant, or other Person who makes this Return.	E. Michaels M.D.
Address	5-26 Sharp st.
Remarks	

1893 000045796

RETURN OF A BIRTH

A 49367.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

5th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or~~ female)
2. ~~Race~~ or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Aug. 18 1893
4. Place of Birth, (Street and Number) 718 W. Franklin St.
5. Full Name of Mother, Annie Foden
6. Mother's Maiden Name, Annie Daniels
7. Mother's Birthplace, Wilmington N. C.
8. Full Name of Father, Robt. T. Foden
9. Father's Occupation,
10. Father's Birthplace, Norfolk Va.

Name of Medical Attendant, or other Person who makes this Return Bimeler-Smaus

Address, 172 W. Lexington st

Remarks.

1893 00025911

"Return to be made by the mother of such child or children."

CITY PRINTING AND STATIONERY

RETURN OF A BIRTH.

A 49363.

MIDDLE NAME ADDED 9/19/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elma Lee Wood

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 18, 1893

4. Place of Birth, (Street and Number) 217 W. Conway

5. Full Name of Mother, Olga Ford

6. Mother's Maiden Name, Doell

7. Mother's Birthplace, N. Y.

8. Full Name of Father, Isaac A. Wood

9. Father's Occupation Oyster Packer

10. Father's Birthplace, N. Y.

Name of Medical Attendant, or other person who makes this Return, Student Cert. issued

Address, 911 N. Charles St.

Remarks,

B930002592

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall occur without the attendance of a physician, or practitioner of midwifery, in case the birth of any child attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 19364.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4"

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, August 18"
4. Place of Birth, (Street and Number) 1123 Caroline ave
5. Full Name of Mother, Annie C. Swartz
6. Mother's Maiden Name, " " Treadwell
7. Mother's Birthplace, Hartford Co Md
8. Full Name of Father, Harry B. Swartz
9. Father's Occupation, Policeman
10. Father's Birthplace, Hartford Co Md

Name of Medical Attendant, or other person who makes this Return. John G. Huck

Address, 64 y Lafayette ave (East)

Remarks,

B 9 3 0 0 0 2 5 9 8

Any physician or midwife who shall neglect to report any birth at which he or she shall be in attendance, or any person who shall neglect to report any birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. B. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 149365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, August 16 93
4. Place of Birth, (Street and Number) South Charles St. 626
5. Full Name of Mother, Rachel Cyen
6. Mother's Maiden Name, Rachel Wisca
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Costun
9. Father's Occupation Grocery store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Isaac Baston

Address, East York st 44

Remarks,

1493000294

shall occur without the attendance of a physician or practioner of midwifery, in case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49366.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 19
4. Place of Birth, (Street and Number) # 810 N. Wolf St
5. Full Name of Mother, Sarah E Davis.
6. Mother's Maiden Name, Sarah E Burgan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, E. L C. Davis
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Walters.

Address, # 428 N. Bond St

Remarks,

1 8 4 9 0 0 0 2 5 9 5

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

BY J. B. BALANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 49367.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Seventh
1. *Sex* (state whether ~~Male~~ or Female)	
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Aug 19th 1903
4. *Place of Birth* (Street and Number)	#11 N. Amm St
5. *Full Name of Mother*	Mary Lewis
6. *Mother's Maiden Name*	Mary Ashenn.
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Thos Lewis.
9. *Father's Occupation*	Pilot
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	J. M. Corkill. M.D.
Address	#1806 E. Baltimore St
Remarks	

1893000025 96

RETURN OF A BIRTH A 49368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug 19 – 8 10 P. M. 1893
4. Place of Birth (Street and Number), 2024 E Avenue
5. Full Name of Mother, Annie L McClure
6. Mother's Maiden Name, A. L. Strebeck
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Vernon McClure
9. Father's Occupation, Don't know
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return: James E Donnelly M.D.

Address, 1701 Baltimore St East

Remarks,

1893 0002597

...Publishing Co., City Printers and Stationers

...physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 49369.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Le

1. Sex, (state whether male or female) Bube
2. Race or Color, (if not of the white race) Weiße
3. Date of Birth, 20 Le August 1913
4. Place of Birth, (Street and Number) Biel St N 1510
5. Full Name of Mother, Mori Braun
6. Mother's Maiden Name, Felis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg Braun
9. Father's Occupation Wol Mann
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Hamburg Subway Fed Eby N. 434

Remarks,

1893000259 8

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 49370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 20 1893
4. Place of Birth, (Street and Number) 1011 Nanny between Fayette and
5. Full Name of Mother, Susan Norfolk
6. Mother's Maiden Name, Susan Armstrong
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Norfolk
9. Father's Occupation, Laborer
10. Father's Birthplace, Calvert Co. Md

Name of Medical Attendant, or other person who makes this Return, Abbie Brooks

Address, 1132 Monroe St

Remarks,

1893 0 0 0 1 5 0 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, A 49371.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Monday 6.30 PM Aug 21st 1893
4. *Place of Birth, (Street and Number)* 3129 O'Donnell St
5. *Full Name of Mother* Maggie Wortman
6. *Mother's Maiden Name* Maggie Fowble
7. *Mother's Birthplace* Baltimore Co
8. *Full Name of Father* W E Wortman
9. *Father's Occupation* Baleman B&O R R
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. J E Richards MD

Address 1010 Chesapeake St

Remarks Followed with forceps Head presentation

Both mother and child are now doing well

1893 0002600

name of the mother of such child or children.

RETURN OF A BIRTH. A. 49377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 22nd 93.
4. Place of Birth, (Street and Number) 2149 W. Lexington St
5. Full Name of Mother, Maggie Griffin
6. Mother's Maiden Name, Maggie Mintz
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, William T. Griffin
9. Father's Occupation, Merchant
10. Father's Birthplace, Howard Co. Md

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle, M.D.

Address, 1703 W. Lafayette St

Remarks,

8 9 3 0 0 0 2 6 0 1

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14373.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 1. 1893
4. Place of Birth, (Street and Number)	1826 E. Monument St.
5. Full Name of Mother,	Sarah E. Schaeffer
6. Mother's Maiden Name,	" " Chisall
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Chas. F. Schaeffer
9. Father's Occupation	Funeral Director
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. A. Harbaugh M.D.
Address,	1121 N. Carlin St.
Remarks,	

1893000240 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st August
4. Place of Birth, (Street and Number) 616 Baker St.
5. Full Name of Mother, Caroline E. Williams
6. Mother's Maiden Name, " " Gang
7. Mother's Birthplace, Balto Co. Md
8. Full Name of Father, John R. Williams
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Anne Arundel Co Md

Name of Medical Attendant, or other person who makes this return, W. J. Kaelin

Address, Emmas Av. & Robert St.

Remarks,

1893 0002603

shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of the house in case the birth of any child attendance upon the mother, immediately thereafter to report such birth to the Commissioner of Health, and within the period above required, and child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. B. BULLEY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 49376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 2d. 1893. 10 o'clock p. m.
4. *Place of Birth, (Street and Number)* 303. W. Hoffman St.
5. *Full Name of Mother,* Marie K. Czarra
6. *Mother's Maiden Name,* Marie K. Renner
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Oscar F. Czarra
9. *Father's Occupation,* Physician.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Oscar F. Czarra

Address, 303. W. Hoffman St.

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

1893000260 1

GIVEN NAME ADDED 10-29-56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Katherine French

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 3. 1893
4. Place of Birth, (Street and Number)	111 S. Washington St.
5. Full Name of Mother,	Mary Catherine French
6. Mother's Maiden Name,	" Cappeau
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Chas. Lee French
9. Father's Occupation	Machinist
10. Father's Birthplace,	Balto. Md
Name of Medical Attendant, or other person who makes this Return,	Geo A Hartman M.D.
Address,	1121 N. Caroline St,
Remarks,	

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Chas. C. Dulany Co., City Printers and Stationers.

1893 0007605

RETURN OF A BIRTH. A 49377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 August 1893
4. Place of Birth, (Street and Number) 18 Albemarle St
5. Full Name of Mother, Katie Kearns
6. Mother's Maiden Name, Roke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Kearns
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E Sherman

Address, 21 Albemarle St

Remarks,

B930092606

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Thos. J. C. Delany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 19378.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 4. '93
4. Place of Birth, (Street and Number)	162 E. Federal st.
5. Full Name of Mother,	Rose Hirsh
6. Mother's Maiden Name,	" Bell
7. Mother's Birthplace,	Harford Co. Md.
8. Full Name of Father,	Jno. Fred. Hirsh
9. Father's Occupation	Grocer
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks.	

1593000607

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 12-5-56

RETURN OF A BIRTH. A 49379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Elizabeth ~~Bogotzky~~ 6 Bogotzky
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 4 August 1893
5. Place of Birth, (Street and Number) 811 Low St
6. Full Name of Mother, Sophia Bogotzky
7. Mother's Maiden Name, Elliorte
8. Mother's Birthplace, Russia
9. Full Name of Father, Leon Bogotzky
10. Father's Occupation, Painter
11. Father's Birthplace, Russia
12. Name of Medical Attendant, or other person who makes this Return, E. Scherman
13. Address, 42 Albemarle St
14. Remarks, 1893000260 8

In Case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 49380.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 5th, 1893.

4. Place of Birth, (Street and Number) 306 E. Lafayette Ave,

5. Full Name of Mother, Lydia L. Miller,

6. Mother's Maiden Name, Lydia Enoor.

7. Mother's Birthplace, Balto C. Md

8. Full Name of Father, Wilbert Miller

9. Father's Occupation, County Merchant.

10. Father's Birthplace, Balto C., Md

Name of Medical Attendant, or other person who makes this Return, Wilmer Bowlow M.D.

Address, S W. Cor. Calvert & Preston St.

Remarks,

1893 0 0 0 0 6 0 9

Wm J C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents required, and within the period above required, and in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 49381.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male - Louis Kraus
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 August 1873
4. Place of Birth, (Street and Number) 24 Albemarle St
5. Full Name of Mother, Betzy Kraus
6. Mother's Maiden Name, Brotowitch
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Kraus
9. Father's Occupation Bottler-hole-master
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, D. Scherman

Address, 74 Albemarle St

Remarks, Full name of child added by father.
Max H. Kraus father

DE Weber - Reg
Oct 2 1873

The attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 49387.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 August 1893
4. Place of Birth, (Street and Number) 173 Harrison St
5. Full Name of Mother, Rachel Borofsky
6. Mother's Maiden Name, Kline
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Borofsky
9. Father's Occupation Shoe keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, O. Sherman

Address, 4 E Albemarle St

Remarks, 1893 0002611

The attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49583.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	August 5th 1893
4. Place of Birth, (Street and Number)	506 E Eager St.
5. Full Name of Mother,	Mary Agnes Murphy
6. Mother's Maiden Name,	Mary Agnes Kelly
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph George Murphy
9. Father's Occupation	Blacksmith
10. Father's Birthplace,	Washington
Name of Medical Attendant, or other person who makes this Return,	Mrs Wooden
Address,	893 Monument Ave
Remarks,	

1893 0002612

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 August 1893
4. Place of Birth, (Street and Number) 252 Caroline St
5. Full Name of Mother, Sarah Jaffa
6. Mother's Maiden Name, Jashpin
7. Mother's Birthplace, Russia
8. Full Name of Father, Moses Jaffa
9. Father's Occupation, Store keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return E. Schaeffer

Address, 42 Aisquith St

Remarks, 1893 0 0 2 6 1 7

... C. Deiner Co., City Printers and Stationers

RETURN OF A BIRTH. A 149,386.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 4 4

4. Place of Birth, (Street and Number) 1032 Hillyard St Baltimore

5. Full Name of Mother, Mary E Russell

6. Mother's Maiden Name, Mary E Somerville

7. Mother's Birthplace, Ireland

8. Full Name of Father, James F Russell

9. Father's Occupation Gas Fitter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Fender

Address, 859 Freemont Ave

Remarks,

1893 Dec 4

Wm. J. C. Dulany Co., City Printers and Stationers

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 49386.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 9. '93
4. *Place of Birth, (Street and Number)*	637 Lowe St.
5. *Full Name of Mother,*	Ida Harris
6. *Mother's Maiden Name,*	" Shapire
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Henry J. Harris
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Geo A Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

1893 0002615

Wm. J. C. Dulany Co., City Printers and Stationers

A 4938

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 4. '93
4. *Place of Birth, (Street and Number)*	225 N. Wolfe St.
5. *Full Name of Mother,*	Annie Elizth Gray
6. *Mother's Maiden Name,*	" Carr
7. *Mother's Birthplace,*	Calvert Co. Md.
8. *Full Name of Father,*	Jno. Andw. Gray
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Harper, Va.
Name of Medical Attendant, or other person who makes this Return,	Jno A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

1893 00 0 0 9 4 1 5

...; C. Dulany Co., City Printers and Stationers.

...ical Statistics, the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of five (5) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 44388.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 9. '93
4. *Place of Birth, (Street and Number)*	1209 E. North Ave.
5. *Full Name of Mother,*	Susie Campbell Harpel
6. *Mother's Maiden Name,*	" Leavitt
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Geo. H. Harpel
9. *Father's Occupation*	Traveling Salesman
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. A. Hartman M.D.
Address,	1121 N. Carlin St.
Remarks,	

893000267

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person in attendance upon the mother, immediately thereafter, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49389.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 9. 1893.
4. Place of Birth, (Street and Number) 329. Frederick Ave Est.
5. Full Name of Mother, Alice Dorsey.
6. Mother's Maiden Name, Alice Negley
7. Mother's Birthplace, Catonsville Balto Co Md.
8. Full Name of Father, Norbert Dorsey.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Frederick City Md.

Name of Medical Attendant, or other person who makes this Return, DB Murray MD
952 Frederick Ave Est

Address,

Remarks,

S 9 3 0 0 0 2 6 1 8

attendance upon the mother, immediately thereafter. It shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C KULMY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 119390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 August 1893
4. Place of Birth, (Street and Number) 157 E. Baltimore St
5. Full Name of Mother, Hannah Cohen
6. Mother's Maiden Name, Fritz
7. Mother's Birthplace, Russia
8. Full Name of Father, Aron Cohen
9. Father's Occupation, Shoe keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Abramowitz

Address,

Remarks, 1893000261 9

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 12391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 1st child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race).	White
3. Date of Birth,	August 11. 1895
4. Place of Birth (Street and Number).	618 W. Saratoga
5. Full Name of Mother,	Jennie Ford
6. Mother's Maiden Name,	" Jarvis
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Harvey Ford
9. Father's Occupation,	Painter
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	Wm. Wolf M.D.
Address,	628 W. Fremont
Remarks,	child was born without medical aid.

mother. Immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 49397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13th
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 11th. 1893
4. Place of Birth, (Street and Number)	1134 Barclay St.
5. Full Name of Mother,	Virginia Pattie Hamel
6. Mother's Maiden Name,	Virginia Pattie
7. Mother's Birthplace,	York Pa
8. Full Name of Father,	John G. Hamel
9. Father's Occupation,	N. C. R. R. Employed (Conductor)
10. Father's Birthplace,	York Pa
Name of Medical Attendant, or other person who makes this Return,	Wilmer Bomtow, M.D.
Address,	S. W. Cor. Calvert & Preston Sts.
Remarks,	

8930002621

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-22-59

RETURN OF A BIRTH.

A 49393.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Daisy Archibald

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	12. August. 1893
4. Place of Birth, (Street and Number)	2037 Hanover st
5. Full Name of Mother,	Louisa Archibald
6. Mother's Maiden Name,	" Remmers.
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Samuel Archibald
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return,	Benjamin Mayer.
Address,	Hull st. 1331 Leeds Point.
Remarks,	

8930002622

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 12 Nov. 1898
4. *Place of Birth, (Street and Number)* 1011 E. Patrick alley
5. *Full Name of Mother,* Minty Fitz
6. *Mother's Maiden Name,* Lucky
7. *Mother's Birthplace,* Talbot Co. Md
8. *Full Name of Father,* Elijah Fitz
9. *Father's Occupation* Day Laborer
10. *Father's Birthplace,* Talbot Co. Md

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1121 Saratoga St

Remarks,

6 9 3 0 0 0 2 6 2 3

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 149395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 12 1893
4. Place of Birth, (Street and Number) Fremont Ave
5. Full Name of Mother, Annie E. Meehan
6. Mother's Maiden Name, Annie E. Bryant
7. Mother's Birthplace, Connecticut
8. Full Name of Father, John D Meehan
9. Father's Occupation, Railroad Employee
10. Father's Birthplace, Penn

Name of Medical Attendant, or other person who makes this Return, J B Mullins MD

Address, 152 Frederick Ave E

Remarks,

S 9 3 0 0 8 2 6 2 4

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 49396.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 August 1893
4. Place of Birth, (Street and Number) 128 E Fayette St
5. Full Name of Mother, Fannie Cohen
6. Mother's Maiden Name, Hochman
7. Mother's Birthplace, Russia
8. Full Name of Father, Saly Cohen
9. Father's Occupation Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Sherman

Address, 92 Albemarle St

Remarks, 1893000625

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49397.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 12" 1893
4. Place of Birth, (Street and Number) Md. Lying In Hospital.
5. Full Name of Mother, Rosa Hirsch
6. Mother's Maiden Name, " Schnepping.
7. Mother's Birthplace, Frederick Md.
8. Full Name of Father, not known
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, Md. General Hospital

Remarks,

1893000262 6

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 49398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 19-93
4. *Place of Birth, (Street and Number)*	23 E. Fort Ave
5. *Full Name of Mother,*	Mattie K Guthridge
6. *Mother's Maiden Name,*	Mattie K Hoffman
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm T. Guthridge
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	D T Phillips
Address,	753 Lexington St
Remarks,	

8930002627

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

493987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	13th of August
4. Place of Birth, (Street and Number)	Baltimore, 1706 Eager st.
5. Full Name of Mother,	Ernestina Gonsha Martinez
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Spain, Greenmount Ave.
8. Full Name of Father,	Charles H. Gonsha
9. Father's Occupation	Machine Land Lath Factory
10. Father's Birthplace,	Chew st.
Name of Medical Attendant, or other person who makes this Return,	Mrs Wooden
Address,	888 Greenmount ave
Remarks,	

B 9 3 0 0 0 2 6 2 8

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Coroner, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 1-14-59 A. 49394.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Thomas Montgomery

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14 august 1895
4. Place of Birth, (Street and Number) Gaulbert st
5. Full Name of Mother, Annie Montgomery
6. Mother's Maiden Name, Annie Fogler
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William Montgomery
9. Father's Occupation, Sash factory
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson st Balto Md

Remarks,

1 8 9 3 0 0 0 2 6 2 9

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49600.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	14th August
4. Place of Birth, (Street and Number)	138 Hoffman St.
5. Full Name of Mother,	Lottie Thomas
6. Mother's Maiden Name,	Lottie Burton
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frank Thomas
9. Father's Occupation,	Fireman
10. Father's Birthplace,	Easton, Md.
Name of Medical Attendant, or other person who makes this Return,	Charlotte Williams
Address,	910 Lexington St.
Remarks,	

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

8930001630

Every midwife shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth. And the said midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A. 49401.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, august 15 1136 Frederick st.
4. Place of Birth, (Street and Number) 136 Frederick st
5. Full Name of Mother, Mary Wright
6. Mother's Maiden Name, Mary Blake.
7. Mother's Birthplace, Baltimore c. ty
8. Full Name of Father, Calvin Wright
9. Father's Occupation, Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Jennie Myers

Address, Mrs Jennie Myers

Remarks, removed 430 st marys st

1 8 9 3 0 0 0 2 6 3 1

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 4-1-60

RETURN OF A BIRTH.

A 49407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John George Hoffnagel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15. August 1893
4. Place of Birth, (Street and Number) 1933 Richenson st.
5. Full Name of Mother, Minnie ~~Emma Hoffnagel~~ Hoffnagel
6. Mother's Maiden Name, " Klidiger
7. Mother's Birthplace, Germany
8. Full Name of Father, Leonard ~~Leonhard Hoffnagel~~
9. Father's Occupation, Laboar
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine M. Foy.

Address, Hull st. 1331 Locust Point

Remarks,

1893 0002632

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49403.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth child.

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 15
4. Place of Birth, (Street and Number) Scott St. 137. Balto. Md.
5. Full Name of Mother, Annie Long
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Bremen Germany.
8. Full Name of Father, Henry ~~Louis~~ Long.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Bremen, Germany

Name of Medical Attendant, or other person who makes this Return, A. M. Bischoff.

Address, 1136 Cleveland St.

Remarks,

18930002633

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. H 49404.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	August. 15. 1893
4. *Place of Birth, (Street and Number)*	1011 George St.
5. *Full Name of Mother,*	Mary L. Milborne.
6. *Mother's Maiden Name,*	" " Ott.
7. *Mother's Birthplace,*	Balto. City. Md.
8. *Full Name of Father,*	Eliza B. Milborne.
9. *Father's Occupation*	Messenger. P.O.
10. *Father's Birthplace,*	Balto. City.
Name of Medical Attendant, or other person who makes this Return,	R. L. N. Tall. M.D.
Address,	524 Sharp St.
Remarks,	

1893 0002634

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and may such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th Aug.
4. Place of Birth, (Street and Number) Bethel 6 21 So.
5. Full Name of Mother, Julia Vershneski
6. Mother's Maiden Name, " Vering
7. Mother's Birthplace, Poland
8. Full Name of Father, Lorenz Vershneski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kady Dea

Address, 602 Bond St.

Remarks,

8930002635

W. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 14406.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 16. '93
4. *Place of Birth, (Street and Number)*	1145 E. Monument st.
5. *Full Name of Mother,*	Elizth. Ann Matthews
6. *Mother's Maiden Name,*	" " Hess
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Fred. J. Matthews
9. *Father's Occupation*	Carlane, Md. Machinist
10. *Father's Birthplace,*	Carlane, Md.
Name of Medical Attendant, or other person who makes this Return,	Jno A. Hartman M.D.
Address,	1121 N. Caroline st.
Remarks,	

8930002636

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 14607.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.) ——

1. Sex, (state whether male or ~~female~~) ——
2. Race or Color, (if not of the white race) ——
3. Date of Birth, August 16th 1893
4. Place of Birth, (Street and Number) 1013 Hearn St.
5. Full Name of Mother, Mary T. Smith Wilson
6. Mother's Maiden Name, ——
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick R. Wilson
9. Father's Occupation Potter
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Virginia Steger

Address, 1013 Fawn St

Remarks, ——

8930002637

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49408.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 16 1893
4. *Place of Birth, (Street and Number)* 1 Monroe Ave.
5. *Full Name of Mother,* Lillian V. McCauley
6. *Mother's Maiden Name,* Lillian V. Franklin
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Henry W. McCauley
9. *Father's Occupation,* Railroad Employee
10. *Father's Birthplace,* Iowa

Name of Medical Attendant, or other person who makes this Return. B. Mullins M.D.

Address, 952 Fonturoy Ave East

Remarks,

: 8 9 3 0 0 0 : 6 3 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

USE J. D. SULLIVAN CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49409

GIVEN NAME ADDED 5-24-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: albert Z	5-" "
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	August 16 " 1899.
4. Place of Birth, (Street and Number)	604 N. Lee St.
5. Full Name of Mother,	Ida M. Alldridge.
6. Mother's Maiden Name,	" " Zimmerman
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Nichols D. Alldridge.
9. Father's Occupation	Conductor.
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	R. J. N. Tall, M.D.
Address,	524 Shark St.
Remarks,	—

1893 0 0 0 2 6 3 9

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4940.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* 12th Augt 1922
5. *Place of Birth, (Street and Number)* #2118 E King St
6. *Full Name of Mother,* Martha Jane Cole
7. *Mother's Maiden Name,* " " " Taylor
8. *Mother's Birthplace,* Sommerset Co Md
9. *Full Name of Father,* William Cole
10. *Father's Occupation* Laborer
    Father's Birthplace, Richmond Va
    Name of Medical Attendant, or other person who makes this Return, Seneca Lane
    Address, 642 Jasper St
    Remarks,

1893000026400

Wm. C. Dulany Co., City Printers and Stationers

...shall be the duty of the physician or midwife in attendance upon the birth, or in case there be no physician or midwife in attendance, then of the father of the child, or in case the father be dead or unable to act, then of the mother, to report the birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and to set forth in such report as the same can be ascertained, the full name of each child, if any, the full name and occupation of the parents, the certificate between the first and ...been conferred, duly signed by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner or midwife, or the person or parents of such ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any be in ...shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such ...attendance upon the birth to the Commissioner hereafter fail to comply with the provisions of this section shall be liable ...child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be liable ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A-46411.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex,* (state whether male or ~~female~~) white
2. *Race or Color,* (if not of the white race)
3. *Date of Birth,* August 17, 1903
4. *Place of Birth,* (Street and Number) 360 - E - 21st St
5. *Full Name of Mother,* Angeline R. Beall Mannar
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Montgomery Co. Md
8. *Full Name of Father,* Claiborne H. Mannar
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* California

Name of Medical Attendant, or other person who makes this Return. J. [illegible] M.D.

Address, 2100 - Md Ave

Remarks,

E 93 U 0012641

SAM J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 4947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~ 2d, ~~3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) colored
3. Date of Birth, August 17. 1923
4. Place of Birth, (Street and Number) 123 Ga. 21 E. Eutaw
5. Full Name of Mother, Rachel Ta. barr Black
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry E. Black
9. Father's Occupation, Decorator
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Kanuck M.D.

Address, 2105 - Mad Ave

Remarks,

693U0026 42

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recovered

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49413.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 15 93
4. Place of Birth, (Street and Number) 204 Bond St
5. Full Name of Mother, Annie E Clay
6. Mother's Maiden Name, Mary Cosgrove
7. Mother's Birthplace, Md
8. Full Name of Father, William E Clay
9. Father's Occupation Carpenter
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, Geo Pouzy

Address, 1903 Gough St

Remarks,

1893000 2643

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 4944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* August 18 1893
4. *Place of Birth, (Street and Number)* 934 N Howard st
5. *Full Name of Mother,* Emma Lelia Robinson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Lewis Williams
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Lucy Cornish

Address, 218 Camel alley

Remarks,

1893000 2644

month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 14415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 18th, 1915
4. Place of Birth, (Street and Number) Boston St. 3032
5. Full Name of Mother, Mary Shevack
6. Mother's Maiden Name, Sarnka
7. Mother's Birthplace, Poland
8. Full Name of Father, George Shevack
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krazka

Address, 602 Bond St.

Remarks,

1893000 2645

...; C. Dulany Co., City Printers and Stationers

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4946.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) no 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of white race) White

3. Date of Birth, August 18 = 1853

4. Place of Birth, (Street and number) no 14 Cottage ave

5. Full Name of Mother, Ellen Shine

6. Mother's Maiden Name, Ellen Rutherford

7. Mother's Birthplace, Baltimore Co Md

8. Full Name of Father, Thomas Shine

9. Father's Occupation Cach painter

10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant or other person who makes this Return, Mrs M Winkle

Address, no 14 Bartlet ave

Remarks, Mattie Reformed

1893 0 0 0 2 6 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 4947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 18th 1893
4. *Place of Birth, (Street and Number)*	1605 North Ave
5. *Full Name of Mother,*	Ida Carter Lamb
6. *Mother's Maiden Name,*	Ida Carter
7. *Mother's Birthplace,*	Carroll Co. Md
8. *Full Name of Father,*	John Lamb
9. *Father's Occupation,*	Clerk in Post Office
10. *Father's Birthplace,*	Balt. City.
Name of Medical Attendant, or other person who makes this Return.	Thos. F. McCormick M.D.
Address,	1421 Eutaw Place
Remarks,	

1893000 2647

...health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

940 J. D. GILANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 Dec 1903
4. Place of Birth, (Street and Number) 523 S. Ann St
5. Full Name of Mother, Eugenia Klein
6. Mother's Maiden Name, Eugenia Ullman
7. Mother's Birthplace, Great Britain
8. Full Name of Father, [illegible]
9. Father's Occupation, Tailor
10. Father's Birthplace, Great Britain

Name of Medical Attendant, or other person who makes this Return, Simon Fenigsen

Address, Dec 19 03 Sept St

Remarks,

1893 0 0 0 2 6 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...as the name can be accepted the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become and within the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable child to report its birth to the Commissioner fail to comply with the any such person or persons who shall hereafter fail to

GIVEN NAME ADDED 7-10-56

RETURN OF A BIRTH. A 49419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Theodore William Werner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) R. Second child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 19 - 1893
4. Place of Birth, (Street and Number) Bungalow at extended 1347 Balto. St.
5. Full Name of Mother, Augusta Werner
6. Mother's Maiden Name, " Wings
7. Mother's Birthplace, Oldenburg Germany
8. Full Name of Father, Charles Werner
9. Father's Occupation, Stone cutter
10. Father's Birthplace, Oldenburg Germany

Name of Medical Attendant, or other person who makes this Return, A M Bischoff.

Address,

Remarks,

1893 00026 49

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 14430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 19th 1893
4. Place of Birth, (Street and Number) 810 Tyson St
5. Full Name of Mother, Carrie Cooper.
6. Mother's Maiden Name, " " Loney
7. Mother's Birthplace, Anne Arundle Co Md
8. Full Name of Father, Samuel Cooper.
9. Father's Occupation, Waiter
10. Father's Birthplace, Centreville Md

Name of Medical Attendant, or other person who makes this Return. A Johnson.

Address, 1024 Park ave

Remarks, 1893000 2650

...shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GIVEN NAME ADDED 8-25-58

A 49471

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Allen Louis Braun 3rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 19, ~~19~~ 1893
4. Place of Birth, (Street and Number) 729 N. Gross St.
5. Full Name of Mother, Emma Braun
6. Mother's Maiden Name, " Franzki.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Martin Braun
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn

Address, 418 S. Paca St.

Remarks,

Member A. M. A., City Physician and Statistician.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

GIVEN NAME ADDED 8-25-58

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Allen Louis Braun 3rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 19, 1893
4. Place of Birth, (Street and Number) 729 N. Grow Ln.
5. Full Name of Mother, Emma A. Braun
6. Mother's Maiden Name, " Mangle.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Martin Braun
9. Father's Occupation, Germany.
10. Father's Birthplace, Machinist

Name of Medical Attendant, or other Person who makes this Return. C. C. Baddendorf

Address, 418 S. Paca St.

Remarks, 1893 10 002651

RETURN OF A BIRTH. A 49420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 19th 1893
4. Place of Birth, (Street and Number) 810 Tyson St
5. Full Name of Mother, Carrie Cooper,
6. Mother's Maiden Name, " " Loney
7. Mother's Birthplace, Anne Arundle Co Md
8. Full Name of Father, Samuel Cooper.
9. Father's Occupation, Waiter
10. Father's Birthplace, Centreville Md

Name of Medical Attendant, or other person who makes this Return, A Johnson.

Address, 1024 Park ave

Remarks,

1893000652

...and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

...OF CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 49277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) black
3. Date of Birth, Aug. 19" 1893.
4. Place of Birth, (Street and Number) Md Lying In Hosp.
5. Full Name of Mother, Emily Thomas
6. Mother's Maiden Name, "
7. Mother's Birthplace, Kent Co. Md.
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, Md. Lying in Hospital

Remarks,

1893000 2653

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. GILLIS CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 49473.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 20th 93
4. Place of Birth, (Street and Number)	602 Rock St.
5. Full Name of Mother,	Florence Worrington
6. Mother's Maiden Name,	Florence McElvin
7. Mother's Birthplace,	Balto city
8. Full Name of Father,	James J. Worrington
9. Father's Occupation,	Corset Cutter
10. Father's Birthplace,	Balto city
Name of Medical Attendant, or other person who makes this Return.	Chas Greenfield M.D.
Address,	517 Lord Ave
Remarks,	

8 9 3 0 0 0 2 6 5 1

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth so far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health, or should no other person be in attendance upon birth to the Commissioner of Health, to be recovered as other fines and forfeitures are recoverable. third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such child to report its birth as herein required, and shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 14, 1893
4. Place of Birth, (Street and Number) 2030 - Jefferson Place
5. Full Name of Mother, Annie S. Kelly Gorsuch
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore Co - Md
8. Full Name of Father, George H. Gorsuch
9. Father's Occupation, Lime merchant
10. Father's Birthplace, Carroll Co - Md -

Name of Medical Attendant, or other person who makes this Return, J. H. Quinan, M.D.

Address, 2100 - Mt Ave

Remarks,

1893 0002655

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-7-55

RETURN OF A BIRTH. A 49433

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Walter Spurrier LeCompte

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Aug 21 - 1893
4. *Place of Birth (Street and Number)*	231 N Fulton Av
5. *Full Name of Mother*	Ida May Jones LeCompte
6. *Mother's Maiden Name*	Ida May Jones
7. *Mother's Birthplace*	Balt Md
8. *Full Name of Father*	Stephen L LeCompte
9. *Father's Occupation*	Book Keeper
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	Rossiter Means
Address	220 N Gilmor
Remarks	

8930002656

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A4426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 21 "
4. Place of Birth, (Street and Number) Eastern Ave. 1023
5. Full Name of Mother, Olli Vitter
6. Mother's Maiden Name, " Becker
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Vitter
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kratzka

Address, 602 Bond St.

Remarks,

8930002657

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a Certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH: A 49677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 21 st
4. Place of Birth, (Street and Number) Lancaster 2. 1716
5. Full Name of Mother, Katie Visneski
6. Mother's Maiden Name, " Shelinski
7. Mother's Birthplace, Poland
8. Full Name of Father, Andrew Visneski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 602 Bond St.

Remarks,

18930002658

...C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 10478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Aug 21st 1893
4. Place of Birth, (Street and Number) #2004 Maryland Str
5. Full Name of Mother, Mrs Theresa Hausenstein
6. Mother's Maiden Name, Miss " Wahlfarth
7. Mother's Birthplace, Bavaria Germany
8. Full Name of Father, Fred Hausenstein
9. Father's Occupation Agent
10. Father's Birthplace, Baden Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Miller

Address, #2127 N Pratt Str

Remarks,

893000659

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	The 21st August 1877.
4. *Place of Birth, (Street and Number)*	#132 Gilmor St.
5. *Full Name of Mother,*	Margt Foley
6. *Mother's Maiden Name,*	Margt Imgfeld.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	John Foley
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Wm. A. Eustice Jr.
Address,	1637 Harford Ave
Remarks,	Balto City

T693U002660

Wm. J. C. Dulany Co., City Printers and Stationers.

The above return must be correct under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. 49430.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) black
3. Date of Birth, Aug. 21st 1893.
4. Place of Birth, (Street and Number) Md Lying in Hosp
5. Full Name of Mother, Dorothy Dorsey
6. Mother's Maiden Name, "
7. Mother's Birthplace, Rosedale Md.
8. Full Name of Father, not known.
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.
Md. Lying in Hospital

Address,

Remarks,

1893 0002661

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 49431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 25 [illegible] 5
4. Place of Birth, (Street and Number) 304 S Broadway
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] Gough St

Remarks,

1893000 2662

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-20-63

RETURN OF A BIRTH.

A 49437

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: William Thomas Clark

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colrd

3. Date of Birth Aug. 22, 1893

4. Place of Birth (Street and Number) 621 Greenwillow St.

5. Full Name of Mother Annie Thomas

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore city

8. Full Name of Father Solomon Clark

9. Father's Occupation Coachman

10. Father's Birthplace Harford county Md.

Name of Medical Attendant, or other person who makes this Return. W. H. Thompson M.D.

Address 524 St. Paul St.

Remarks Parties non married

1893000 2663

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH. A 49433.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.3.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, august 22. 1893
4. Place of Birth, (Street and Number) 536 walnut ally Baltimore
5. Full Name of Mother, Annie amelia Jones
6. Mother's Maiden Name, Annie amelia Baines
7. Mother's Birthplace, Elizabeth New Jersey
8. Full Name of Father, Edward Jones
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Mary Ann Mason
537 walnut ally Baltimore
69/3000/6644

...; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Aug. 22 nd 1893
4. Place of Birth, (Street and Number) Baltimore # 1707 Orleans st.
5. Full Name of Mother, Martha Rolens.
6. Mother's Maiden Name, Martha Ballard.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Wm Rolens.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Miss Adele i Howard.

Address, # 1013 N Chapel St.

Remarks,

8930002665

Wm J. C. Dulany Co., City Printers and Stationers.

1-9-62

RETURN OF A BIRTH

GIVEN NAME ADDED. 4/5/44

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Lester ~~Smith~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, August 22. 4:10 P. M. 1893
4. Place of Birth (Street and Number), 806 N Amity St
5. Full Name of Mother, Padie Atwell Smith
6. Mother's Maiden Name, A. Spence
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, Elmer Lester Smith
9. Father's Occupation, Tin Can Maker
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return. James E Smallwood

Address, 1701 Baltimore St East

Remarks,

The name can be ascertained the full name of each child. If any child have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

1893000 2666

RETURN OF A BIRTH. A. 49436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 22 nd 1893
4. Place of Birth, (Street and Number) 1517 Riggs ave
5. Full Name of Mother, Claud May Banner
6. Mother's Maiden Name, " " Raffensperger
7. Mother's Birthplace, Pa
8. Full Name of Father, Jacob Banner
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, York Pa

Name of Medical Attendant, or other person who makes this Return. Wm H Warner M D

Address,

Remarks,

8 9 3 0 0 0 2 6 6 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Every physician or midwife in attendance upon a birth shall ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 and
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 22 and 1893
4. *Place of Birth, (Street and Number)*	#428 E. Fort av.
5. *Full Name of Mother,*	Mary L. Diving
6. *Mother's Maiden Name,*	Millenburg
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Jas. F. Diving
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Norfolk Va
Name of Medical Attendant, or other person who makes this Return,	R. C. Lee
Address,	Hanover 3d cr Barre
Remarks,	

1893 00072668

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4, 3 female 1 male

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, on Monday August 23 93
4. Place of Birth, (Street and Number) 714 Colin Glen Balto city
5. Full Name of Mother, Mary Ellen Whitty
6. Mother's Maiden Name, Mary Ellen O'Neill
7. Mother's Birthplace, Prince George County
8. Full Name of Father, William Whitty
9. Father's Occupation Ex Yard stringtown driver
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr Hooker

Address, 688 Government ave

Remarks,

B93U002669

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 23. 1893
4. *Place of Birth, (Street and Number)* Shields alley. 116
5. *Full Name of Mother,* Eloise Lee
6. *Mother's Maiden Name,* Eloise Brown
7. *Mother's Birthplace,* Frederick city Md.
8. *Full Name of Father,* Foster Lee
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Frederick city Md

Name of Medical Attendant, or other person who makes this Return, Hester Coleman

Address, 709 Winston Street

Remarks, 7th Month Labor Lasted after Birth

Labors 4 Hours Certificate

1893 0000 670

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-7-52

RETURN OF A BIRTH A 49440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Edwin House Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 23rd 1225 A.M. 1942
4. Place of Birth, (Street and Number) 1721 N. Bond Street
5. Full Name of Mother, Alberta E. House
6. Mother's Maiden Name, Alberta Leach
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Charles E. House
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. James E. Whitford M.D.

Address, 919 Aisquith Street

Remarks,

[illegible] and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of childbirth, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS

1893000267 1

RETURN OF A BIRTH. A 19441.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August Twenty Third
4. Place of Birth, (Street and Number) 428 N. Bond St.
5. Full Name of Mother, Mrs Nettie Gerber
6. Mother's Maiden Name, Miss Nettie Bernhardt
7. Mother's Birthplace, York Pa.
8. Full Name of Father, Mr Charles Gerber
9. Father's Occupation, Candy Maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Walter

Address, 428 North Bond St

Remarks,

1893000672

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 49441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 23 93
4. *Place of Birth, (Street and Number)* York Road Baltimore
5. *Full Name of Mother,* Mary Hyman
6. *Mother's Maiden Name,* Mary Wester
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Edward C Hyman
9. *Father's Occupation* Glass setter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Max J Hinkel

Address, 17 Baldwin ave

Remarks,

1893000026 73

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Wednesday Aug 23rd 1893
4. Place of Birth, (Street and Number)	1505 N. Broadway
5. Full Name of Mother,	Alice Harrisburg
6. Mother's Maiden Name,	Alice Robinson.
7. Mother's Birthplace,	Pennsylvania.
8. Full Name of Father,	James Harrisburg
9. Father's Occupation,	Watchman.
10. Father's Birthplace,	Pennsylvania.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brinton M.D.
Address,	Calvert & Preston Sts.
Remarks,	

+ 8 9 3 0 0 0 2 6 7 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 49443.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Ernest W. Minor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 23rd 1893
4. Place of Birth, (Street and Number) 717 Mosher st
5. Full Name of Mother, Lucy J. Minor
6. Mother's Maiden Name, " " Minor
7. Mother's Birthplace, Virginia
8. Full Name of Father, Henry C. Minor
9. Father's Occupation, Carpenter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, W. K. Warren M.D.

Address,

Remarks,

0930002675

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 19444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 24/03
4. *Place of Birth, (Street and Number)* 333 S Eutaw St
5. *Full Name of Mother,* Eastern Sanford
6. *Mother's Maiden Name,* Gordon [illegible]
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Peter Sanford
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Grace Turner

Address, 1203 Druid St

Remarks,

T 8 9 3 0 0 0 2 6 7 6

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A-49441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name David ~~H Mac~~ Leary

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 24-93
4. Place of Birth, (Street and Number)	807 York Road
5. Full Name of Mother,	Jessie ~~H~~ McLeary
6. Mother's Maiden Name,	Jessie Kreitzer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Robt ~~H~~ McLeary
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other person who makes this Return,	Daniel V Moyer MD
Address,	1200 N Edm St
Remarks,	

893 0 0 0 2677

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-15-63

RETURN OF A BIRTH.

A 49446

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Edward M. Cook

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 24 93
4. Place of Birth (Street and Number) 346 W. Biddle St.
5. Full Name of Mother May Agnes Cook
6. Mother's Maiden Name May Agnes Egan
7. Mother's Birthplace Forest Glen Md.
8. Full Name of Father John Edward Cook
9. Father's Occupation Musician
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. Jos. Griffith M.D.

Address 346 W. Biddle St

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8 9 3 0 0 0 2 6 7 8

RETURN OF A BIRTH A. 1447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Hebrew
3. Date of Birth, Aug. 25th 93
4. Place of Birth, (Street and Number) 906 Granby st
5. Full Name of Mother, Ella Chick
6. Mother's Maiden Name, Ella Seligmund
7. Mother's Birthplace, Russia
8. Full Name of Father, S. Chick
9. Father's Occupation, Hebrew Teacher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Howard C. Silver, a woman was then 2 annis prior ella L died was born

Address, 1427 E. Fayette St

Remarks,

1893000 2679

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. G. MURRAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 49448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3 *Date of Birth,*	Aug. 25th. 1893
4. *Place of Birth, (Street and Number)*	1222 Asquith St
5. *Full Name of Mother,*	Lydia E. Jessops
6. *Mother's Maiden Name,*	Lydia E. Richmond.
7. *Mother's Birthplace,*	Hagerstown, Md
8. *Full Name of Father,*	Chas. Jessops.
9. *Father's Occupation,*	Bookkeeper
10. *Father's Birthplace,*	Balto. Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Wilmer Bamtow. M.D.
Address,	Calvert & Preston St.
Remarks,	

1 8 9 3 0 0 0 2 6 8 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Aug 25/93
4. *Place of Birth, (Street and Number)*	735 Rogers Ave
5. *Full Name of Mother,*	Catharine Wilson
6. *Mother's Maiden Name,*	" Crawley
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Edward Wilson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Mary Williams
Address,	
Remarks,	

1893 0 0 0 2 6 8 1

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49450.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) black
3. Date of Birth, Aug 26" 1893
4. Place of Birth, (Street and Number) Md Lying in Hosp.
5. Full Name of Mother, Mary L. Richards
6. Mother's Maiden Name, " "
7. Mother's Birthplace, West Moreland Va.
8. Full Name of Father, not known
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, Md Lying in Hospital

Remarks,

8930002682

month and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 49451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 25-93
4. *Place of Birth, (Street and Number)*	807 Light St
5. *Full Name of Mother,*	Emma Orem
6. *Mother's Maiden Name,*	Emma White
7. *Mother's Birthplace,*	Balto-
8. *Full Name of Father,*	Howard P. Orem
9. *Father's Occupation*	Cashier South Balto Bank
10. *Father's Birthplace,*	Balto-
Name of Medical Attendant, or other person who makes this Return,	Dr J F Phillips
Address,	753 Wilmington St
Remarks,	

1893 0002683

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49457.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 25th 93
4. *Place of Birth, (Street and Number)*	1418 Hanover St
5. *Full Name of Mother,*	Emelia A Henderson
6. *Mother's Maiden Name,*	Emelia A Kelley
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	James T Henderson
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Howard Co Md
Name of Medical Attendant, or other person who makes this Return,	Dr B F Phillips
Address,	753 W. Lexington St
Remarks,	

1893 0 0 0 2 6 8 4

Every Undertaker in the City of Baltimore, who shall bury the body of any person, shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 2-4963.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) W
3. Date of Birth, Aug 26-93
4. Place of Birth, (Street and Number) 1021 E Madison
5. Full Name of Mother, Amelia Duff
6. Mother's Maiden Name, Kendall
7. Mother's Birthplace, BC
8. Full Name of Father, Leth Duff -
9. Father's Occupation Sailmaker
10. Father's Birthplace, BC

Name of Medical Attendant, or other person who makes this Return, Smyth Miller

Address, 1207 E Monument

Remarks,

1893009685

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon a birth shall, within ten days thereafter, report to the Commissioner of Health the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A49454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 20 May 1898

4. Place of Birth, (Street and Number) 1311 Madison St

5. Full Name of Mother, Anna Jones

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, City

8. Full Name of Father, Geo Jones

9. Father's Occupation Truck Driver

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mabel E Jones

Address, 1121 Saratoga St

Remarks,

T 69 3 0 0 0 2 6 8 6

If any child born alive, or the still-born child of a mother who was pregnant for six months or more, shall die without a name, the fact shall be reported, as required by this section, in the case of such child, and the word "unnamed" shall be written in the blank space for the name of the child. If any child born alive shall die after a name has been given it, the name shall be added to the certificate of death. If any child born alive shall die before the certificate of birth has been filed, the certificate of death shall contain the information required to be given in the certificate of birth, so far as the same is known to the informant. In case of the birth of any child in a hospital, almshouse, or other institution, the certificate of birth shall be made by the superintendent or other officer in charge, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

No. 4965.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Every Physician, Midwife, or other person having charge of or rendering assistance at a birth, shall, within ten days thereafter, report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the following particulars, namely the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 26 1893 11 P.M.
4. *Place of Birth, (Street and Number)*	316 Elma Place
5. *Full Name of Mother,*	Catherine Tagarona
6. *Mother's Maiden Name,*	Catherine Cahill
7. *Mother's Birthplace,*	Woodstin N.S.
8. *Full Name of Father,*	Peter Tagarona
9. *Father's Occupation,*	manufacturer
10. *Father's Birthplace*	Shreveport La
Name of Medical Attendant, or other Person who makes this Return	A H Saxton
Address,	1136 Lexington St
Remarks,	

A. CO., CITY PRINTERS AND STATIONERS

B 9 3 0 0 0 2 6 8 7

RETURN OF A BIRTH A. 4956.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	The 21st Inst.
4. *Place of Birth, (Street and Number)*	2122 Jackson st.
5. *Full Name of Mother,*	Clotilda Klinke
6. *Mother's Maiden Name,*	Clotilda Hauf
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Klinke
9. *Father's Occupation*	Dyer & Finisher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Christina Sauer
Address,	1432 Harford Ave.
Remarks,	Balto Md City.

1893 0002688

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 49457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 27th 1893

4. Place of Birth, (Street and Number) 1521 Eastern ave

5. Full Name of Mother, Isabella Rebecca Burnett Jones

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Washington DC

8. Full Name of Father, John Henry Burnett Jr

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Montgomery Co., Md.

Name of Medical Attendant, or other Person who makes this Return. D W Cathell MD

Address, 1308 N Charles st

Remarks,

0 9 3 0 0 0 4 6 0 0

RETURN OF A BIRTH. A 49458.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 27th 1893
4. *Place of Birth, (Street and Number)* No. 20 Loudon Ave
5. *Full Name of Mother,* Emma Henry
6. *Mother's Maiden Name,* Emma Lentz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Henry
9. *Father's Occupation* Tobacco
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1893 0002690

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 19459.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 27th 1893
4. *Place of Birth, (Street and Number)* No. 299 Smallwood St
5. *Full Name of Mother,* Annie Wannemetch
6. *Mother's Maiden Name,* Annie Bracken
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Wannemetch
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1893 0 0 0 2 6 9 1

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49460.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 28th 1893
4. *Place of Birth, (Street and Number)*	1619 Patapsco St
5. *Full Name of Mother,*	Mary E Porter
6. *Mother's Maiden Name,*	Mary E Madden
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm E Porter
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace,*	Ellicotts Mowers & Md
Name of Medical Attendant, or other person who makes this Return,	D J Phillips M.D.
Address,	753 W Lexington St
Remarks,	

1893 0 0 0 0 2 6 9 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28 August 1893
4. *Place of Birth, (Street and Number)*	2013 Harlem Street
5. *Full Name of Mother,*	Alejia Mariner
6. *Mother's Maiden Name,*	Murphy
7. *Mother's Birthplace,*	Wexford. Ireland
8. *Full Name of Father,*	Daniel Mariner
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Wexford. Ireland
Name of Medical Attendant, or other person who makes this Return.	James Cooper
Address,	Ostend & S. Charles Sts
Remarks,	

1 6 4 9 3 1 0 0 0 2 6 9 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) —
3. Date of Birth, Aug. 28. 93
4. Place of Birth, (Street and Number) 8 W. Mul. St.
5. Full Name of Mother, Mrs. Bertha Rebecca Wallace Bladen
6. Mother's Maiden Name, Wife " " Wallace
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, John Dayton Bladen
9. Father's Occupation, Agent
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. G. Lamb M. D.

Address, 2000 E. Balt. St.

Remarks, Natural Delivery

8930002694

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49463.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 29" 1893
4. Place of Birth, (Street and Number) Md Lying In Hosp.
5. Full Name of Mother, Lizzie Williams
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Accamake Va
8. Full Name of Father, Not known
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton. M D

Address, Md. Lying in Hospital.

Remarks,

1893 0002695

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

A 14964

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug 20 1898

4. Place of Birth, (Street and Number) 1904 Pierce st

5. Full Name of Mother, Sarah Wright

6. Mother's Maiden Name, Polmer

7. Mother's Birthplace, Virginia

8. Full Name of Father, Luther Wright

9. Father's Occupation Virginia

10. Father's Birthplace, Public work

Name of Medical Attendant, or other person who makes this Return, Mary E Cross

Address, 112 Saratoga st

Remarks,

C93U002694

Balto

Wm. J. C. Dulany Co., City Printers and Stationers

A. 496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* [redacted] 1893
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Margaret Elizabeth Ryan
6. *Mother's Maiden Name,* Maggie Tynan
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Michael William Ryan
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Chas Kuster

Address, No 23 N Chapel St

Remarks,

1893 0002697

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 1, 1893.
4. Place of Birth, (Street and Number) 326 Elm ave.
5. Full Name of Mother, Florence M. Webb.
6. Mother's Maiden Name, Childs.
7. Mother's Birthplace, Md.
8. Full Name of Father, Edward C. Webb.
9. Father's Occupation Machinist.
10. Father's Birthplace, Washington ~~Md~~ D. C.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1893 00026 98

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 1st
4. *Place of Birth, (Street and Number)* 407 Raborg St
5. *Full Name of Mother,* Mary Butler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr. O B Stone

Address, 622 W. Lombard St.

Remarks,

1893 0002699

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth as herein provided, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 4968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 1st '93
4. *Place of Birth, (Street and Number)* 524 Harmony Lane
5. *Full Name of Mother,* Mary Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr C. H Famed.

Address, 622 W. Lombard st.

Remarks,

18930002700

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Carolyn Johanna Seal

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 6, 1893
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, Jessie (~~Seal~~) Elizabeth Seal
6. Mother's Maiden Name, " (~~Seal~~) [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

B 93000 2701

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 14970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st August 92
4. *Place of Birth, (Street and Number)* 1a Frederick Av
5. *Full Name of Mother,* Louise Singer
6. *Mother's Maiden Name,* Louise Heim
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carl Singer
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keller midwife

Address, 216 West Pratt St.

Remarks,

1893000 2702

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 14971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st, 2d, 3d~~, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8/25/1897
4. Place of Birth, (Street and Number) York Road & 30th St Woods
5. Full Name of Mother, Emma B. Pfeiffer
6. Mother's Maiden Name, " Bowersox
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Geo Edwd Pfeiffer
9. Father's Occupation, Provision dealer.
10. Father's Birthplace, Balt Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Archie A Henson M.D.

Address, 2101 Maryland Ave

Remarks,

1093000 4705

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 44477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 2d
4. *Place of Birth, (Street and Number)*	1506 Hollins St
5. *Full Name of Mother,*	Mary E. Hazlehurst
6. *Mother's Maiden Name,*	Mary E. Ferris
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Franklin Hazlehurst
9. *Father's Occupation*	Live Stock, Brewings
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	H Jenkins
Address,	400 Cathedral St
Remarks,	

6930002704

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 40473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 2d
4. Place of Birth, (Street and Number) 622 N. Bamboord st
5. Full Name of Mother, Mollie Wilson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. O'Brien

Address, 622 N Bamboord st

Remarks,

B 9 3 6 0 0 6 2 7 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. # 49474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 2nd/93
4. *Place of Birth, (Street and Number)*	925 Hanover St.
5. *Full Name of Mother,*	Lizzie J. Jacob.
6. *Mother's Maiden Name,*	Lizzie J. Willershausen
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	George L. Jacob.
9. *Father's Occupation*	Foreman
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return,	[illegible]
Address,	[illegible]
Remarks,	

1893000270 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 1945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white.

3. Date of Birth, 2 d Aug 1945

4. Place of Birth, (Street and Number) Cub Institution &c

5. Full Name of Mother, Annie Cathcart.

6. Mother's Maiden Name, Annie Anderson.

7. Mother's Birthplace, Delaware Co Pa

8. Full Name of Father, Andrew Cathcart

9. Father's Occupation Laborer.

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return. Mrs A Birth midwife

Address, No 506 High St.

Remarks, 8930002707

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 2nd August 98
4. Place of Birth, (Street and Number) 1443 Lexington St
5. Full Name of Mother, Caroline Simons
6. Mother's Maiden Name, " Whittaker
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Joseph Simons
9. Father's Occupation, House Carpenter
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 486 E. Fort ave

Remarks,

8 9 3 0 0 0 2 7 0 8

Laws conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 10477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 3 - 95
4. *Place of Birth, (Street and Number)* 2000 E. Eager
5. *Full Name of Mother,* Maggie Lowe
6. *Mother's Maiden Name,* " Dudrow
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Lowe
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 Mc Dough

Remarks,

893 0002709

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4078.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 3/93
4. *Place of Birth, (Street and Number)*	1416 Mosher st
5. *Full Name of Mother,*	Dorothy E. L. Wiley
6. *Mother's Maiden Name,*	" " Warner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Hugh Wiley
9. *Father's Occupation,*	Journalist
10. *Father's Birthplace,*	Canada
Name of Medical Attendant, or other person who makes this Return.	Jno. E. Gibbons M.D.
Address,	833 Edmondson Ave
Remarks,	

1893008710

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 4019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 3rd

4. Place of Birth, (Street and Number) 622 W. Lombard St.

5. Full Name of Mother, Cora Smith

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, N. Clt Famed

Address, 622 W. Lombard st.

Remarks,

693 0002711

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons lie in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 to
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3 Dec. 31 Day 20.
4. Place of Birth, (Street and Number) East Eutaw St.
5. Full Name of Mother, Mary M. Lasley
6. Mother's Maiden Name, Bellford
7. Mother's Birthplace, Hudson Essex
8. Full Name of Father, Carpenter
9. Father's Occupation, Baltimore Md.
10. Father's Birthplace, Mass. Ind. Grist mechanic
Name of Medical Attendant, or other person who makes this Return.
Address, No 506 N. High St.
Remarks, 1893 0 0 2 7 1 2.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 7948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 4th 92
4. Place of Birth, (Street and Number)	1512 Clifton st
5. Full Name of Mother,	Annie E. Snyder
6. Mother's Maiden Name,	" " Turnbaugh
7. Mother's Birthplace,	Carroll Co
8. Full Name of Father,	Edward E. Snyder
9. Father's Occupation,	Shipman
10. Father's Birthplace,	Balto Co
Name of Medical Attendant, or other person who makes this Return.	L. F. Frey. M.D.
Address,	2414 Druid Hill Ave.
Remarks,	

1693000027 13

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, as the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 19418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 4th 1892
4. *Place of Birth, (Street and Number)* Baltimore City 452 Carroll
5. *Full Name of Mother,* Julia Markert
6. *Mother's Maiden Name,* Julia Doenlung
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Klaus Markert
9. *Father's Occupation* Machenist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs M C Staffer

Address, 752 Hamburg St

Remarks,

8930002714

Wm. J. C. Dulany Co., City Printers and Stationers

The sex, color, the full name and occupation of the parents, the date and place of birth of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A-44483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5th August 92.
4. *Place of Birth, (Street and Number)*	2214 Marion St.
5. *Full Name of Mother,*	Margaretha Müller
6. *Mother's Maiden Name,*	Margaretha Hartz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wilhelm Müller
9. *Father's Occupation*	Gärtner
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Kaufer Midwife
Address,	218 West Pratt St.
Remarks,	

6930002715

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 24484.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	August 5
4. *Place of Birth, (Street and Number)*	2214 Brunt st Balto MD
5. *Full Name of Mother,*	Malinda Jinkens
6. *Mother's Maiden Name,*	Singleton
7. *Mother's Birthplace,*	Caroline County Virginia
8. *Full Name of Father,*	Fred Jinkens
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Anrandel Co. MD
Name of Medical Attendant, or other person who makes this Return,	Sarah E Ellis
Address,	1216 Etting st
Remarks,	

8 9 3 0 0 0 2 7 1 6

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 4428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug 6th

4. Place of Birth, (Street and Number) 622 W. Lombard st

5. Full Name of Mother, Mary Jefferson

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. O'B Stone

Address, 622 W. Lombard st.

Remarks,

1093000371?

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 14486.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5th August 93
4. *Place of Birth, (Street and Number)* 521 E. Fort Ave
5. *Full Name of Mother,* Cora Blanchard
6. *Mother's Maiden Name,* " Baldoff
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* George E Blanchard
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 436 E Fort ave

Remarks,

8 9 3 0 0 0 2 7 1 8

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49187.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Aug 5th
4. Place of Birth, (Street and Number) 878 Clifford St
5. Full Name of Mother, Harriet Monroe
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. A. H. Lamond

Address, 622 N. Lombard St.

Remarks,

0 9 3 0 0 0 2 7 1 9

been registered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Clerk of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* August 5 1893

4. *Place of Birth, (Street and Number)* 318 Dillon St.

5. *Full Name of Mother,* Annie Engel

6. *Mother's Maiden Name,* Annie Ansling

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Louis Engel

9. *Father's Occupation* House carpenter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary C. Lantz

Address, 824 Canton Ave.

Remarks.

1 09 3 0 0 0 2 7 2 0

Wm. J. C. Dulany Co., City Printers and Stationers

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 6 1893
4. *Place of Birth, (Street and Number)* 1509 Wilhelm st
5. *Full Name of Mother,* Mary E ginaman
6. *Mother's Maiden Name,* Mary E Lee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William E ginaman
9. *Father's Occupation* ~~Labor~~ labor
10. *Father's Birthplace,* Howard Co. Md

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Williams Ave

Remarks,

1893 0000 721

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6th of August 93
4. *Place of Birth, (Street and Number)*	218 Schmallwood Et?
5. *Full Name of Mother,*	Louise Schmidt
6. *Mother's Maiden Name,*	Louise Kalb
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Carle Schmidt
9. *Father's Occupation*	Laber.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	211 West Pratt St?
Remarks,	

1893 0002722

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH.

E 49491.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 6th

4. Place of Birth, (Street and Number) 115 W Fras St. Balto. Md.

5. Full Name of Mother, Johannette Bernhard Wolf

6. Mother's Maiden Name, "

7. Mother's Birthplace, Baltimore Maryland.

8. Full Name of Father, Conrad Bernhard.

9. Father's Occupation Clerk.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 1100 Eastdutall St

Remarks,

B 9 3 0 0 0 2 7 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...birth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 46497.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 6 the 1893
4. *Place of Birth, (Street and Number)*	~~Baltimore~~ Light 15.16
5. *Full Name of Mother,*	Sarah Frances Suth
6. *Mother's Maiden Name,*	" Smith
7. *Mother's Birthplace,*	Shippensburg Penns
8. *Full Name of Father,*	William Henry Suter
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Chambersburg Penns
Name of Medical Attendant, or other person who makes this Return,	~~Fred Twinnich~~ [redacted]
Address,	[redacted] Katie Winch
Remarks,	[redacted] 710 Seaton all

1893 00 0 0 2 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14993.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 6th

4. Place of Birth, (Street and Number) 622 W. Lombard st

5. Full Name of Mother, Mary Wyman

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D. O'Leary

Address, 622 W. Lombard St.

Remarks,

1 0 9 3 0 0 0 2 7 0 5

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name of each child; (if any what) have been conferred; its sex, color,

RETURN OF A BIRTH. A 149694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* 6th August
4. *Place of Birth, (Street and Number)* 233 Hebron street
5. *Full Name of Mother,* Mary Jane Gossern
6. *Mother's Maiden Name,* Böwer
7. *Mother's Birthplace,* Germa
8. *Full Name of Father,* Joseph Lorenz Zarbock
9. *Father's Occupation* Boxer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Miss E. Linnemann.

Address, 1225 Hare street

Remarks,

1893 0 0 0 2 7 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: John George Kehner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	August the 6. 1893
4. Place of Birth, (Street and Number)	Millbeland st No 1931
5. Full Name of Mother,	Elizabeth M Kehner
6. Mother's Maiden Name,	Elizabeth (Peters) Heyer
7. Mother's Birthplace,	Europe
8. Full Name of Father,	Daniel Kehner
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 19.22 Watkins Ave
Remarks,	

1893 00 02727

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-20-57

RETURN OF A BIRTH. 49196.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Louis Philip Kraus~~ 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th August 1893
4. Place of Birth, (Street and Number) 711 Barre st
5. Full Name of Mother, Bertha anna Kraus
6. Mother's Maiden Name, Bertha anna Mathewick
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Ernest A. Kraus
9. Father's Occupation House & Sign Painter
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Katie Mund

Address, 500 Eadenhall St

Remarks,

1893000728

Wm. J. C. Dulany Co., City Printers and Stationers.

shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth as shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, August 7 th
4. Place of Birth, (Street and Number) N° 1141 E. Hamburg St.
5. Full Name of Mother, Anna Dever.
6. Mother's Maiden Name, Anna Steinbach.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, J. M. Samuel Dever
9. Father's Occupation Cabinet makes.
10. Father's Birthplace, Honduras C. A.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1893 0 0 2 7 2 9

Wm. J. C. Dulany Co., City Printers and Stationers

If any person required by the preceding section shall refuse or neglect to make the return therein required, or shall make a false return, he shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49498.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 7th 1893
4. Place of Birth, (Street and Number) 1116 Ridgley St.
5. Full Name of Mother, Mrs. Mary E. Zeller.
6. Mother's Maiden Name, Mary E. McKeldin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. F. Zeller
9. Father's Occupation Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1893000 2730

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 7. 18. 93
4. *Place of Birth, (Street and Number)*	Cooper Place 13.10
5. *Full Name of Mother,*	Anny Victor
6. *Mother's Maiden Name,*	Anny Frank
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Charles Victor
9. *Father's Occupation*	Moulder
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other person who makes this Return,	Mrs S Fellers
Address,	No 19.22 Milton Ave
Remarks,	

1893 0007731

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 49500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 8th 1893
4. Place of Birth, (Street and Number) 116 Hughes St
5. Full Name of Mother, Annie M. Long
6. Mother's Maiden Name, Annie M Upton
7. Mother's Birthplace, Kansas City
8. Full Name of Father, Francis H. Long
9. Father's Occupation Bar Keeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Katie M'Ingals

Address, 26 Leadenhall

Remarks, 1893 0 0 0 7 3 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49501.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 8th 99

4. Place of Birth, (Street and Number) 1806 Madison Ave

5. Full Name of Mother, Nellie Mitchell

6. Mother's Maiden Name, Nellie Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, David Mitchell

9. Father's Occupation Merchant

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr H Ireland

Address, 410 Cathedral St.

Remarks,

+ 69300027733

Wm. C. Dulany Co., City Printers and Stationers.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Coroner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-14-55

A 49507

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ruth Agatha ~~Hook~~ Final
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Aug 8 93
4. Place of Birth, (Street and Number)	1842 E. Chase
5. Full Name of Mother,	Mary C. Hook
6. Mother's Maiden Name,	" " Keenan
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Chas L. Hook
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonough
Remarks,	

B 93 0002734

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49583.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. Aug 8- 93
4. Place of Birth, (Street and Number) 2308 E Monument
5. Full Name of Mother, Maggie Locker
6. Mother's Maiden Name, Young
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Locker
9. Father's Occupation, Lancutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Allwell

Address, 912 McDonogh.

Remarks,

1 8 9 3 0 0 0 2 7 3 5

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Mavie Rich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 August 1895
4. Place of Birth, (Street and Number) 2044 Eastern av
5. Full Name of Mother, Mary (Beck) Rich
6. Mother's Maiden Name, Mary A. (Muhlenfeld) Muhlenfeld
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, Frank (Beck) Rich
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 1913 Eastern Av

Remarks,

1 8 9 5 0 8 7 5 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The full name and occupation of its parents, the date and place of birth; and the color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 49503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 8 th 1893
4. *Place of Birth, (Street and Number)*	806 Hamburg St Baltimore
5. *Full Name of Mother,*	Mary Elizabeth Orem
6. *Mother's Maiden Name,*	Collins
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Marion Thomas Orem
9. *Father's Occupation*	Conductor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

1893 Aug 8 7 37

W. & C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 8th 1893

4. Place of Birth, (Street and Number) 2503 Foster Ave

5. Full Name of Mother, Kate Hollaman

6. Mother's Maiden Name, Kate Lee

7. Mother's Birthplace, Cuba

8. Full Name of Father, Charles Hollaman

9. Father's Occupation Can-capsier

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary C Lowman

Address, 822 Canton St.

Remarks,

1893 00 02739

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 49507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	8th day of August
4. *Place of Birth, (Street and Number)*	Balto. 1003 Carey St.
5. *Full Name of Mother,*	Mary Jane Ruby
6. *Mother's Maiden Name,*	J. Berry
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Franklin Ruby
9. *Father's Occupation*	Cooper Baker
10. *Father's Birthplace,*	York Pa.
Name of Medical Attendant, or other person who makes this Return,	W. Bruce
Address,	1003 Carey St
Remarks,	

1893000 2739

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49508.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 5th 1893
4. *Place of Birth, (Street and Number)* 1852 Byrd St
5. *Full Name of Mother,* Catherine Kunkel
6. *Mother's Maiden Name,* Catherine Schell
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* "
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Ed Brooks

Address, 1528 Light St

Remarks,

1893 0007740

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49509.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Dwd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 9th
4. *Place of Birth, (Street and Number)* 622 W. Lombard st
5. *Full Name of Mother,* Mary Smith.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr. O'B Stone

Address, 622 W. Lombard

Remarks,

1893 0002711

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. B 49570.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 2/93
4. Place of Birth, (Street and Number)	447 E Clement St.
5. Full Name of Mother,	Emma Whiter
6. Mother's Maiden Name,	Emma Williams
7. Mother's Birthplace,	Annapolis Md
8. Full Name of Father,	Edward Buckles Whiter
9. Father's occupation	Ship Carpenter
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Susan Dolan
Address,	501 E Clement St.
Remarks,	

1893 00027 42

been entered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner of midwifery, or should no other person or parents of such child to report its birth who shall hereafter fail to comply with the provisions of forfeitures are recoverable any such person or persons fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable. subject to the fine of item fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 49511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 9 August

4. Place of Birth, (Street and Number) 860 Mungold Street

5. Full Name of Mother, Theresia Hedwig ~~Voigt~~ Vogel

6. Mother's Maiden Name, Theresia Lorenz

7. Mother's Birthplace, Kochendorf (Gr Schlesien)

8. Full Name of Father, Berthold Friedrich Karl Vogel

9. Father's Occupation Labor

10. Father's Birthplace, Dennei Kenstein (Gr Schlesien)

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

I 893 000 274 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

CERTIFICATE CORRECTED 1-30-59

RETURN OF A BIRTH

49572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Erwin Robert McLaughlin, First

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. August 10th 1893
4. Place of Birth, (Street and Number) 1806 E Oliver St
5. Full Name of Mother, Cora J McLaughlin
6. Mother's Maiden Name, Frasinden
7. Mother's Birthplace, Vermont
8. Full Name of Father, George E McLaughlin
9. Father's Occupation, Merchant
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Saml J Ball MD

Address, 314 N Eutaw St

Remarks, Balto Md

1 8 9 3 0 8 0 2 7 3 1

Matthews & Co., CMY Printers and Stationers.

RETURN OF A BIRTH.

A 49573.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 10 1893
4. *Place of Birth, (Street and Number)* Collins alley No 15
5. *Full Name of Mother,* Nellie Teresa Tierney
6. *Mother's Maiden Name,* Nellie Teresa Fitzgibbons
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Bard Tierney Tierney
9. *Father's Occupation* Molder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Nelly

Address, No 1922 Wilkins Ave

Remarks,

1893000745

Wm. J. C. Dulany Co., City Printers and Stationers

From and after the 1st day of January, 1894, it shall be the duty of the father, mother, householder, or other person having charge of any child born in the City of Baltimore, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 49574.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	August 10th 93
4. Place of Birth, (Street and Number)	807 Whatcoat St.
5. Full Name of Mother,	Hannah Johnston
6. Mother's Maiden Name,	Cooke
7. Mother's Birthplace,	Howard Co. Md.
8. Full Name of Father,	Joseph Johnston
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore Co.
Name of Medical Attendant, or other person who makes this Return,	William Nork M.D.
Address,	1304 W Lafayette Ave.
Remarks,	

1893 00027456

...o., City Printers and Stationers.

A. 49515.

RETURN OF A BIRTH

ffice of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.) 4th

te whether male or female) Male

olor, (if not of the white race) White

Aug 11 93.

Birth, 1321 Lingwith

Birth, (Street and Number)

e of Mother, Jane E. Valles

Maiden Name, " " Deane

Birthplace, Baltimore

ne of Father, Albert A. Valles

Occupation Cigar Maker

Birthplace, Md

of Medical Attendant, or other person who makes this Return. Dr Penny 1402 E. Chase St.

B 9 3 0 0 5 1 7

Wm. J. C. Dulany Co. Stationers.

RETURN OF A BIRTH. A 4956.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 August 1893.
4. Place of Birth, (Street and Number) Fountin St 434
5. Full Name of Mother, Sofie Zinkan
6. Mother's Maiden Name, Sofie Sandu
7. Mother's Birthplace, Baltimor, M. D.
8. Full Name of Father, Henry Zinkan
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimor, M. D.

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 1913 Eastern av

Remarks,

attend... child to report... any such person s... jected to the fine of...

898. J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

8930002748

RETURN OF A BIRTH. A 49517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 6th Feb 1895

4. Place of Birth, (Street and Number) 1 W. Fayette St

5. Full Name of Mother, Mary Baker

6. Mother's Maiden Name, Mary Smith

7. Mother's Birthplace, Germany

8. Full Name of Father, Walter J Brown

9. Father's Occupation Laborer.

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return Wm. H. Smith Medicine

Address, 506 W. High St

Remarks,

30002749

...n, J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) American
3. Date of Birth, Aug 10 1893
4. Place of Birth, (Street and Number) 1353 Woodyear st
5. Full Name of Mother, Mary Long
6. Mother's Maiden Name, Mary Thomas
7. Mother's Birthplace, Caroll Co
8. Full Name of Father, John Long
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other informant, Mrs Long

Address, 1772 St

1893000 2750

RETURN OF A BIRTH. A 49519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

, (state whether male or female) Male

ace or Color, (if not of the white race)

ate of Birth, August 10th 93

lace of Birth, (Street and Number) 4 pu Monroe St.

ull Name of Mother, Mary Louisa Leader

lother's Maiden Name, Mary L. Leather

lother's Birthplace, Baltimore Md.

ull Name of Father, Julius Leader

ather's Occupation Engineer

her's Birthplace, Baltimore Md.

Medical Attendant, or other person who makes this Return, Kate Mainer

1500 Leadenhall St.

B930002751

ers and Stationers.

RETURN OF A BIRTH A. 49520.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 11-93
4. *Place of Birth, (Street and Number)*	23 Font Hill Ave - Carroll
5. *Full Name of Mother,*	Marguerite Douglas Caroline Douglas
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	London, Eng.
8. *Full Name of Father,*	Jno. W. Caroline
9. *Father's Occupation,*	Insurance Agt.
10. *Father's Birthplace,*	London, Eng.
Name of Medical Attendant, or other person who makes this Return.	J. Rutsmeck M.D.
Address,	101 N. Fulton Ave
Remarks,	

8930002752

W... & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED. 12/1/56 HG

RETURN OF A BIRTH A 49571.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Frances Howe

No. of Child of Mother, (state whether ~~1st~~ 2d, ~~3d, &c.~~)

1. Sex, (State ~~whether male or~~ female) White

2. Race or color, (~~if not of the white race~~)

3. Date of Birth, 8-11-43

4. Place of Birth, (Street and Number) 1573 N Eden St

5. Full Name of Mother, Grace Howe

6. Mother's Maiden Name, " Cruze

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas R Howe

9. Father's Occupation, Printer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Dr Johnson

Address, 1502 Bedford

Remarks,

1 8 9 0 0 0 2 7 5 3

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the attendant or person who shall have been present at the birth of such child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 49577.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 11 - 1893
4. *Place of Birth, (Street and Number)* 6 Chester st 1312
5. *Full Name of Mother,* Laura A Pfister
6. *Mother's Maiden Name,* Laura A Schaare
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John F Pfister
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. F A Burke

Address, 1323 Light st

Remarks, Dying Well

8930002754

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	11th of August 93
4. *Place of Birth, (Street and Number)*	417 Schmallwood St.
5. *Full Name of Mother,*	Mollie Gebhardt
6. *Mother's Maiden Name,*	Sophia Heinsiche
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Gebhardt
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Reuter Midwife
Address,	216 West Bolt St
Remarks,	

1893000 2755

Wm. C. Dulany Co., City Printers and Stationers.

been concerned its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 49511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 11th 1893.
4. Place of Birth, (Street and Number) 1917	Pulaski St. Balt. City Md.
5. Full Name of Mother,	Fannie Ford Deick
6. Mother's Maiden Name,	Fannie Ford Mules
7. Mother's Birthplace,	Baltimore City Md.
8. Full Name of Father,	Henry James Deick
9. Father's Occupation,	Motorman on Electric Car
10. Father's Birthplace,	Baltimore City Md.
Name of Medical Attendant, or other person who makes this Return	James A Zepp M.D.
Address,	N. E. cor. North Ave. and Eutaw St. City
Remarks,	

1893000 2756

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or the attendant, or should no physician be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and third day of each and every month to the office of the Commissioner of Health. In case the other person be in shall occur without the attendance of a physician or attendant, it shall become the duty of the person or parents of such child to report to persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 49525.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5t
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August th. 11. 1893
4. *Place of Birth, (Street and Number)*	Eagle St No 1830
5. *Full Name of Mother,*	Ellen Hall
6. *Mother's Maiden Name,*	Ellen Jennings
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Emanuel C Hall
9. *Father's Occupation*	Conductor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Fellen
Address,	No 1922 Wilkins Ave
Remarks,	

B93000027757

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 49576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, Aug. 12. 93
4. Place of Birth, (Street and Number) 1015 E. Monument St.
5. Full Name of Mother, Mrs. Philomena Gertrude Kavanaugh
6. Mother's Maiden Name, Wf " " Kavanaugh
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, John Walter Kavanaugh
9. Father's Occupation, Electrician
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, G. A. Funk M.D.
Address, 1005 E. Baltimore St. Maternal Recovery
Remarks,

1 8 9 3 0 0 0 2 7 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	boy
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	12th August
4. *Place of Birth, (Street and Number)*	4 W Mt St
5. *Full Name of Mother,*	Emma Geller
6. *Mother's Maiden Name,*	Emma Eckardt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph C F Geller
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Katie Lingel
Address,	Cedarhall St
Remarks,	

8 9 3 0 0 0 2 7 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49576.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 12th
4. Place of Birth, (Street and Number) 6
5. Full Name of Mother, Flora McMullen
6. Mother's Maiden Name
7. Mother's Birthplace, North Carolina
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. O. B. Stone

Address, 622 W Lombard St.

Remarks,

8930002760

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 43771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August the 12. 1893
4. *Place of Birth, (Street and Number)*	Pratt st No 13. 26
5. *Full Name of Mother,*	Annie R. Purnell
6. *Mother's Maiden Name,*	Annie R Frank
7. *Mother's Birthplace,*	Baltimore. Md. U.S.
8. *Full Name of Father,*	George Frank
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. S. Kelly
Address,	No 19. 22 Wilkins Ave
Remarks,	

Each contract as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8930002761

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49530.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) American
3. Date of Birth, Aug. 13 1893
4. Place of Birth, (Street and Number) 1101 Race St
5. Full Name of Mother, Sale Klein.
6. Mother's Maiden Name, ~~Baltimore City~~
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Theodor Klein
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Thos Lorrison MD

Address, 572 Eastman St

Remarks,

1893 0002762

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. Ug531.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 14th 93
4. *Place of Birth, (Street and Number)*	No 515 Bolton St
5. *Full Name of Mother,*	Eugenie Eidemann
6. *Mother's Maiden Name,*	Eugenie Lobig
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Moses Eidemann
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	H. Jenkins
Address,	400 Cathedral, St.
Remarks,	

8 9 3 0 0 0 2 7 6 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49537.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 14th

4. Place of Birth, (Street and Number) 622 W. Lombard

5. Full Name of Mother, Kate Stephenson

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. O'Leary

Address, 622 W. Lombard St.

Remarks,

1893000 2764

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever shall wilfully neglect or refuse to report, within the time required by this section, the birth of any child, or shall wilfully report as the time of birth of any child a time other than the true time of birth, or shall wilfully report as the name of such child a name other than that given by the parents of such child, or shall wilfully report as the name of the parents of such child names other than those of the parents by whom such child was begotten, or shall wilfully report as the residence of the parents of such child a residence other than that of the parents at the time of the birth of such child, or shall wilfully report as the color, race, or sex of such child a color, race, or sex other than that which such child shall appear to be, or shall wilfully report as the color, race, or sex of the parents of such child a color, race, or sex other than that of the parents of such child, or shall wilfully neglect or refuse to report any other fact required to be reported by this section, or shall wilfully report any other fact required to be reported by this section which shall be false, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not exceeding thirty days, or by both fine and imprisonment, in the discretion of the court.

The name of the child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49533.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 14th 1893
4. Place of Birth, (Street and Number) 1230 7 Madison
5. Full Name of Mother, Annie Turner
6. Mother's Maiden Name, Annie Wathy
7. Mother's Birthplace, Orange Co Va
8. Full Name of Father, Levi Turner
9. Father's Occupation, Laborer
10. Father's Birthplace, Culpeper Co Va

Name of Medical Attendant, or other person who makes this Return, Sarah E Lee

Address, 2206 Eutaw St.

Remarks,

1893 0 0 0 2 7 6 5

Wm. J. C. Dulany Co., City Printers and Stationers

Persons required by the provisions of this section to report births to the Commissioner of Health, and neglecting to do so within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 49532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 14th
4. Place of Birth, (Street and Number) 435 S. Mount St.
5. Full Name of Mother, Irene Talbot
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. O. B. Stone

Address, 622 W. Lombard St.

Remarks,

8930002766

Wm. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 49335.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 14th

4. Place of Birth, (Street and Number) 692 W. Fayette St

5. Full Name of Mother, Mollie Brown.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. O. B. Stans

Address, 692 W. Fayette St.

Remarks,

1893000 2767

Wm. J. C. Dulany Co., City Printers and Stationers

be conferred; its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49,536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 August 1893
4. Place of Birth, (Street and Number) 211 West 5th.
5. Full Name of Mother, Mary Holtmann
6. Mother's Maiden Name, Mary Eberth
7. Mother's Birthplace, Germany
8. Full Name of Father, Julius Holtmann
9. Father's Occupation, Legal Burns
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Julia Münch

Address,

Remarks,

1893000027688

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 of August 1893
4. *Place of Birth, (Street and Number)* Baltimore near Ellwood Ave 1034
5. *Full Name of Mother,* Minnie Heumann
6. *Mother's Maiden Name,* = = = Disser
7. *Mother's Birthplace,* Baltimore Md. D.
8. *Full Name of Father,* John Heumann
9. *Father's Occupation* Box Maker By Trade
10. *Father's Birthplace,* Baltimore Md. D.

Name of Medical Attendant, or other person who makes this Return Baker Minick

Address, 50 Lombard

Remarks,

8 9 3 0 0 0 2 7 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 49538.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex, (state whether male or female)	Female.
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Aug. 15th 1893
4. Place of Birth, (Street and Number)	593 Bake St.
5. Full Name of Mother,	Anna Jane Keen.
6. Mother's Maiden Name,	Miller
7. Mother's Birthplace,	Bethlehem Pa.
8. Full Name of Father,	Horace Keen.
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return.	E. G. Shiner M. D.
Address,	2510 Penna. ave.
Remarks,	

1 0 9 3 0 0 0 2 7 7 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GUILANY & CO., CITY PRINTERS AND STATIONERS.

A. 49539.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI.

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15. Aug. 1 ½ 50 Morning
4. Place of Birth, (Street and Number) Goodman - Alley 1014.
5. Full Name of Mother, Caroline Meister
6. Mother's Maiden Name, Leisner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Heinrich Conrad Meister
9. Father's Occupation Worker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Marie Kanne,

Address, 230 N. Fremont Ave.

Remarks,

1893000277 1

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth same as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name, and shall set forth same as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or Register of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Midwifery, or should no other person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or the duty of the person or parents of such child to report its birth to the Commissioner fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 49540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 15th
4. Place of Birth, (Street and Number) 537 Elbow Lane
5. Full Name of Mother, Eliza Bell
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr A W Fawned

Address, 622 N. Soulband St

Remarks,

18930002772

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49341.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Aug 15th 1893
4.	*Place of Birth, (Street and Number)*	613 Elm Ave. Hampden
5.	*Full Name of Mother,*	Amanda J. Byerley
6.	*Mother's Maiden Name,*	Amanda J. Fuhrman
7.	*Mother's Birthplace,*	York Co. Pa
8.	*Full Name of Father,*	Charles Edward Byerley
9.	*Father's Occupation,*	Laborer
10.	*Father's Birthplace,*	Howard Co. Md
	Name of Medical Attendant, or other person who makes this Return.	Geo. T. Shower, M.D.
	Address,	421 Roland Ave. Hampden
	Remarks,	

8 9 3 0 0 0 2 7 7 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

A 49372

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 15th 1893
4. Place of Birth (Street and Number),	1634 McElderry St
5. Full Name of Mother,	Emma S Miller
6. Mother's Maiden Name,	" " Vinup
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Charles H Miller
9. Father's Occupation,	Clothing Cutter
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	F E Hooks MD
Address,	1519 E Baltimore St
Remarks,	

Sec. 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the parents, or either of them, of every child born in the State of Maryland, to cause the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Maryland Publishing Co., Office Blanks and Stationery

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH

A 40542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 15th 1893
4. Place of Birth (Street and Number),	1634 N Eden Ave
5. Full Name of Mother,	Emma S Miller
6. Mother's Maiden Name,	" " Vinup
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Charles H Miller
9. Father's Occupation,	Clothing Cutter
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	F E Fooks MD
Address,	1519 E Baltimore St
Remarks,	

1590 002774

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Publishing Co. City Printers and Stationers

8 9 2 0 0 0 2 7 7 4

RETURN OF A BIRTH. 46543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 15 1893
4. Place of Birth, (Street and Number) 2521 Orleans Ave
5. Full Name of Mother, Emma Gardner
6. Mother's Maiden Name, Emma Gordon
7. Mother's Birthplace, Italy
8. Full Name of Father, Charles Gardner
9. Father's Occupation Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Emma L. Gardner

Address, 2521 Orleans St.

Remarks,

1893 00 02775

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 14544.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August the 15.18.93
4. *Place of Birth, (Street and Number)*	Bruce st No 3.18
5. *Full Name of Mother,*	Sarah E Shipley
6. *Mother's Maiden Name,*	Sarah E nat
7. *Mother's Birthplace,*	Washington D.C. MD
8. *Full Name of Father,*	Thomas P Shipley
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Howard C C MD
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	No 1922 Milliman Ave
Remarks,	

B93000277

been entered as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-4-58

RETURN OF A BIRTH. A. 49545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bonnie Elliott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 August 93
4. Place of Birth, (Street and Number) 116 N Wolfe St
5. Full Name of Mother, Dena Elliott
6. Mother's Maiden Name, A Krauss
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Elliott
9. Father's Occupation Dorchester Co Md
10. Father's Birthplace, Laborer

Name of Medical Attendant, or other person who makes this Return, Elizabeth J Ewell

Address, 436 E Fort Ave

Remarks,

1893000 2777

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August the 16-18-93
4. *Place of Birth, (Street and Number)*	Milton st 19-10
5. *Full Name of Mother,*	Margaret A Lorey
6. *Mother's Maiden Name,*	Margaret Lee
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	george Lorey
9. *Father's Occupation*	Silver Smith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Fallon
Address,	No 19.22 Wilkins Av
Remarks,	

6 9 3 0 0 0 2 7 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) Light Brown
3. *Date of Birth,* 16 of August 1893
4. *Place of Birth,* (Street and Number) Number 18 Litchurch st.
5. *Full Name of Mother,* Lotti Lomnick
6. *Mother's Maiden Name,* Lotta Palonis.
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Szmiahoonsk.
9. *Father's Occupation,* Gas House.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, Number 1045 Broas st Baltimore Maryland

Remarks,

8 9 3 0 0 0 2 7 7 9

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. C. G. GALANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 49,518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 16/93.
4. Place of Birth, (Street and Number) 1412 Orleans St
5. Full Name of Mother, Maggie Maloney
6. Mother's Maiden Name, Mc. Dennis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert E. Maloney
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Jennie Furst

Address, 19 N. Eden St.

Remarks, 1893 0 0 0 1 7 8 0

Wm. J. C. Dulany Co., City Printers and Stationers

Penalty, etc. Will not affect as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 49549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Aug 16-93
4. Place of Birth, (Street and Number) 22 N. Bruce St.
5. Full Name of Mother, Annie B. Lemell
6. Mother's Maiden Name. Bagwell
7. Mother's Birthplace, Accomac Co. Va
8. Full Name of Father, Benjamin F. Lemell
9. Father's Occupation,
10. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other person who makes this return. J. McLeod M.D.

Address, 101 N Fulton Ave

Remarks, 1 8 9 3 0 0 0 2 7 8 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

(over)

A-49530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Paul Joseph

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th August 1893
4. Place of Birth, (Street and Number) 910 Madison Ave
5. Full Name of Mother, Maggie Schneider
6. Mother's Maiden Name, Maggie Hoefling
7. Mother's Birthplace, Germany
8. Full Name of Father, George Schneider
9. Father's Occupation, Farmer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hurdon

Address, 23 N Poppleton St

Remarks, 1893 0002782

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 49537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 16/93

4. Place of Birth, (Street and Number) 706 Dolphin st

5. Full Name of Mother, Sarah Jane Graham

6. Mother's Maiden Name, Mairs

7. Mother's Birthplace, "Baltimore

8. Full Name of Father, William Graham

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. E. Gibbons Md.

Address, 833 Edmondson ave

Remarks,

1893 0002783

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between of any child third occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, sub- child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be any such person or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A 49537

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 16/93
4. Place of Birth, (Street and Number) 435 W. Franklin st
5. Full Name of Mother, Columbia Elizabeth Hansbury
6. Mother's Maiden Name, Davidson
7. Mother's Birthplace, Frederick Co. Md.
8. Full Name of Father, Charles Hansbury
9. Father's Occupation, Fish Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jas. E. Gibbons M.D.

Address, 833 E. Edmondson ave

Remarks,

1893 0002784

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 149533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 16, 1893.
4. Place of Birth, (Street and Number) 233 Chestnut ave.
5. Full Name of Mother, Sarah Francis Jones.
6. Mother's Maiden Name, Day
7. Mother's Birthplace, Md.
8. Full Name of Father, Alexander B. Jones.
9. Father's Occupation Hostler.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Edwin Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1893 0002785

been considered. Its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of A certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the city, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 4952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 August 1873
4. Place of Birth, (Street and Number) 248 Register St
5. Full Name of Mother, Lidie Lawson
6. Mother's Maiden Name, Lidie Frank
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, Jas. Lawson
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, Eastern Av 1913

Remarks,

8930002786

be conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 49553.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~627 Roland Ave~~ Aug 17-95
4. Place of Birth, (Street and Number) 627 Roland Ave.
5. Full Name of Mother, Eva Jungle
6. Mother's Maiden Name, " Gerhardt
7. Mother's Birthplace, Balto City
8. Full Name of Father, W. F. A. Jungle
9. Father's Occupation, Electrician
10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return. L. F. Fray M.D.

Address, 2414 Druid Hill Ave.

Remarks, 1893 0002787

paid schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-12-51

RETURN OF A BIRTH.

A 40536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary V. Davis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White —
3. Date of Birth,	August — 17, 1893.
4. Place of Birth, (Street and Number)	2845 Cedar ave.
5. Full Name of Mother,	Mary Virginia Davis
6. Mother's Maiden Name,	Lindsay.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Simon Peter Davis.
9. Father's Occupation	Stone mason.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. T. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

1893 0002788

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of A certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, August 17, 1893.
4. Place of Birth, (Street and Number) 322 9th St.
5. Full Name of Mother, Angelina Rebecca Thomas
6. Mother's Maiden Name, Ferguson.
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles Thomas Jr.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 1893 0002789

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 4958.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 17 Augus
4. Place of Birth, (Street and Number) Garden alley east Lake & Jackson
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace, Middletye Worcester County Md
8. Full Name of Father, Boris Johnson
9. Father's Occupation, farmer
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Lucy Carnish

Address, no 255 Canal alley

Remarks,

1 8 9 3 0 0 0 2 7 9 0

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 49559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2=

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* 1st of August 93
4. *Place of Birth, (Street and Number)* 25 Albert Pl
5. *Full Name of Mother,* Anna Bloch
6. *Mother's Maiden Name,* Anna Bechmann
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Bernh Bloch
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederich Reuter Mdcn

Address, 211 E Fayette St

Remarks,

1893000279 1

Wm. J. C. Dulany Co., City Printers and Stationers

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-10 57

RETURN OF A BIRTH A 19660.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Beulah Alma Roeder First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Aug 17 - 93
4. Place of Birth, (Street and Number)	1904 E. Fayette
5. Full Name of Mother,	Annie M. Roeder
6. Mother's Maiden Name,	" " Urban
7. Mother's Birthplace,	Balto
8. Full Name of Father,	James B. Roeder
9. Father's Occupation,	Coal Dealer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A Allwell
Address,	912 McDonough
Remarks,	8930002792

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 17 1893
4. *Place of Birth, (Street and Number)*	2900 Leydecker St.
5. *Full Name of Mother,*	Ella Foulke
6. *Mother's Maiden Name,*	Ella Thume
7. *Mother's Birthplace,*	Balto. Co.
8. *Full Name of Father,*	Samuel Foulke
9. *Father's Occupation*	Plumber
10. *Father's Birthplace,*	Baltimore Co.
Name of Medical Attendant, or other person who makes this Return,	Chas. L. Sullivan
Address,	822 Canton Ave.
Remarks,	1893000,02793

Health, this section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 4956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th August 93
4. *Place of Birth, (Street and Number)*	95 Frederick Ave
5. *Full Name of Mother,*	Catharina Schneppe
6. *Mother's Maiden Name,*	Catharina Schmeller
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John W Schneppe
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friedrike Bender Midwife
Address,	216 West Pratt St
Remarks,	

8930002794

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Red
3. Date of Birth, August 18, 1873
4. Place of Birth, (Street and Number) 419 Pine St
5. Full Name of Mother, Ada Hauk
6. Mother's Maiden Name, Ada Fisher
7. Mother's Birthplace, Virginia
8. Full Name of Father, John A Hauk
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Susan Hunter

Address, 231 N Republican St

Remarks, 8930002795

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 49564

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 18
4. Place of Birth, (Street and Number) 702 Court street
5. Full Name of Mother, Anne Foul
6. Mother's Maiden Name, Anne Malone
7. Mother's Birthplace, Ireland county South
8. Full Name of Father, Thomas McCullough
9. Father's Occupation, [illegible]
10. Father's Birthplace, Ireland County South

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 231 Payne Ave

Remarks, 1893 0002796

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Friday, Aug 18th 1893
4. Place of Birth, (Street and Number) Balto Md 314 Hanover St
5. Full Name of Mother, Clara Mae Conway
6. Mother's Maiden Name, Clara Mae Faust
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Walter Conway
9. Father's Occupation Machinist
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Katie Murphy

Address, 800 Leadenhall St

Remarks, 1 6 9 3 0 0 0 2 7 9 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 49366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug 18th

4. Place of Birth, (Street and Number) 716 Pearl Alley

5. Full Name of Mother, Katie Thompson

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Dr. O. B. Stowe

Address, 622 N. Fouland St.

Remarks,

1893000 2798

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49567.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 18th August 96
4. Place of Birth, (Street and Number) 223 E. Fort Ave
5. Full Name of Mother, Rosa Williams
6. Mother's Maiden Name, Coopas
7. Mother's Birthplace, Germany.
8. Full Name of Father, Alexandria Williams
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gould

Address, 436 E Fort Ave

Remarks, 1893000279 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14568.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 18 1893

4. Place of Birth, (Street and Number) 810 Potomac St.

5. Full Name of Mother, Sarah Turner

6. Mother's Maiden Name, Sarah Colby

7. Mother's Birthplace, Balto

8. Full Name of Father, Albert Turner

9. Father's Occupation Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jno L Sprague

Address, 820 Canton St.

Remarks,

1893 0 0 0 2 8 0 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 495-69

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 11 1893

4. Place of Birth, (Street and Number) 3030 Madison St.

5. Full Name of Mother, Sarah (Everist) Everist

6. Mother's Maiden Name, Sarah (Cope) Cape

7. Mother's Birthplace, Balto.

8. Full Name of Father, Joseph (Everist) Everist

9. Father's Occupation Cooper

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jno. L. Deadrick

Address, 820 Canton Ave.

Remarks, 1893000028014

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 49570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	4th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 19th 1893
4. *Place of Birth, (Street and Number)*	417 Calvin Ave
5. *Full Name of Mother,*	Sophia Shultz
6. *Mother's Maiden Name,*	Sophia Steen
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Shultz
9. *Father's Occupation,*	Boiler Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this return	C. J. Wise M.D.
Address,	Waverly Md.
Remarks,	

1893 0002802

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 6-19-52

RETURN OF A BIRTH. 49571.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Albert ~~Edward~~ Stange

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August (29) 1893
4. Place of Birth, (Street and Number) Barnum Av
5. Full Name of Mother, Mary (Eckhardt) Stange
6. Mother's Maiden Name, Mary (Eckhardt)
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm. (Herman) Stange
9. Father's Occupation, Harness
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E. F. Brooks

Address, 1525 Ingot Lane

Remarks, Dairy Maid

1893000 2803

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Midwife, or other person who shall assist at the birth of any child, shall, within ten days after the birth, report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 149572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Aug. 19
4. *Place of Birth, (Street and Number)* No. 345 S. Scott St
5. *Full Name of Mother,* Lina Steinmier
6. *Mother's Maiden Name,* Sorensen
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* John A. Steinmier
9. *Father's Occupation* Sinner
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8930002804

Wm. J. C. Dulany Co., City Printers and Stationers.

Persons concealing the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 49513.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 20th
4. *Place of Birth, (Street and Number)* 21 S Fulton ave
5. *Full Name of Mother,* Amanda R. Zuppy
6. *Mother's Maiden Name,* Amanda R Zedicker
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* John Jas Zuppy
9. *Father's Occupation* Lumber dealer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Person Hunter

Address, 23 N Pennsylvania Ave

Remarks, 1893000280 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...ursable, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 4970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male, (Charles Cranford Drinkwater)
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th August
4. Place of Birth, (Street and Number) 713 Columbia Avenue
5. Full Name of Mother, Ida Virginia Drinkwater
6. Mother's Maiden Name, I. V. Ringgold
7. Mother's Birthplace, Kent Island Queen Anns County Md.
8. Full Name of Father, Charles Cranford Hutchinson Drinkwater
9. Father's Occupation Bookbinder
10. Father's Birthplace, Edinburgh, Scotland,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8930002806

been entered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or inmate of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 49575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) three

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, aug 20th
4. Place of Birth, (Street and Number) 772 Bradley Ct
5. Full Name of Mother, Lizzie Brown.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. C. H. Lamed.

Address, 672 W. Lombard St.

Remarks, 6930002807

being conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Coroner of milwifery, of the person or persons required, and shall occur without the other, immediately on the birth in the period above shall be subattendance upon the mother the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 149076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 20 1893

4. Place of Birth, (Street and Number) 920 Baltimore St

5. Full Name of Mother, Louisa Leads

6. Mother's Maiden Name, Louisa Lotts

7. Mother's Birthplace, Balto

8. Full Name of Father, Richard Leads

9. Father's Occupation Seaman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Louisa Leads

Address, 920 Baltimore St.

Remarks, 1893000028003

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 49577.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21st August 92.
4. *Place of Birth, (Street and Number)* 50 Braune Lane
5. *Full Name of Mother,* Theresia Welter
6. *Mother's Maiden Name,* Theresia Commerer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Welter
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kaeter Midwife

Address, 21 W. Pratt St.

Remarks,

1 8 9 3 0 0 0 2 8 0 9

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 49578.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 21st 1873
4. Place of Birth, (Street and Number) 1145 Cleveland St
5. Full Name of Mother, Mary Ellen Theresa Atwell
6. Mother's Maiden Name, Mary Ellen Theresa Butler
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Joseph Henry Atwell
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Lyon, H. C. 22 S. Appleton St

Address,

Remarks, 1893 0002810

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	August 4th 21 - 1893
4. Place of Birth, (Street and Number)	Lumbard st 1100
5. Full Name of Mother,	Maggie Soline Maggie Kelley
6. Mother's Maiden Name,	Baltimore
7. Mother's Birthplace,	Francis Soline
8. Full Name of Father,	express driver
9. Father's Occupation	Baltimore
10. Father's Birthplace,	Mrs S Kelley
Name of Medical Attendant, or other person who makes this Return,	No 1922 Wilkins Ave
Address,	
Remarks,	1893 0002811

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-26-52 A 49580

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Harry Amos ~~Dietz~~ J. 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 21, 1890.

4. Place of Birth, (Street and Number) 211 Druid ave.

5. Full Name of Mother, Elizabeth Dietz.

6. Mother's Maiden Name, Myers.

7. Mother's Birthplace, Pa.

8. Full Name of Father, John G. Dietz.

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 1893U002812

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49581.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Walter Albert ~~Mitchell~~ Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 21 93
4. Place of Birth, (Street and Number) 1813 Eastland Ave
5. Full Name of Mother, Annie M. Mitchell
6. Mother's Maiden Name, " " Kenno
7. Mother's Birthplace, Balto
8. Full Name of Father, Walter F. Mitchell
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh Ave

Remarks, GIVEN NAME ADDED. 7-14-53

B 9 3 0 0 6 0 M 8 1 3

Wm J C Dulany Co., City Printers and Stationers.

Been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so required, and any such person or persons who shall hereafter fail to comply with the provisions of this section are recoverable. child to report its birth to the Commissioner of Health, in the manner and with the particulars of this section above set- forth, within the period above mentioned, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 21 93
4. Place of Birth, (Street and Number) 524 N Washington
5. Full Name of Mother, Barbara Stein
6. Mother's Maiden Name, " Butterhof
7. Mother's Birthplace, Balto
8. Full Name of Father, John Stein
9. Father's Occupation, Cutler
10. Father's Birthplace, Phila Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 912 McDonogh

Remarks, 1893000281 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between of the first and third day without the attendance of a physician or practitioner come the duty of the person or parents required, and shall occur upon the mother, immediately thereafter it shall become and within the period above required, and attendance upon the mother, Commissioner of Health, in the manner with the provisions of this section shall be child to report its birth to the office of the Commissioner of Health. In case the birth of any child any such person or persons who shall hereafter fail to comply with the provisions of this section shall be jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 22 August
4. Place of Birth, (Street and Number) Henrietta n Chalt 901
5. Full Name of Mother, Annie Schindler
6. Mother's Maiden Name, Schuhman
7. Mother's Birthplace, Germin
8. Full Name of Father, Emanuel Schindler
9. Father's Occupation Bryschneider
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Katie Mench

Address, 800 Eadenhall

Remarks, 1893000281 5

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-15-56

A. 49584

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Marie ~~Richardson~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 22nd 1893

4. Place of Birth, (Street and Number) Gadenhall & Oxford st

5. Full Name of Mother, W. Margaret Richardson

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Cincinnati Ohio

8. Full Name of Father, John W. Richardson

9. Father's Occupation Watchman Glass house

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs Caroline Moore

Address, 49 N. West st Balto Md

Remarks, 1893 0 0 0 2 8 1 6

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the limits of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 22nd
4. *Place of Birth (Street and Number),* 729 N Eden St
5. *Full Name of Mother,* Rachel Meghan
6. *Mother's Maiden Name,* Rachel Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* J Thomas Meghan
9. *Father's Occupation,* Segar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Price

Address, 1630 ashland ave

Remarks,

B 9 3 0 0 0 2 8 1 7

Baltimore Publishing Co., City Printers and Stationers

ferred. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49586.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 Oct 1893
4. Place of Birth, (Street and Number) 1217 Lancaster
5. Full Name of Mother, Ann O'Leary
6. Mother's Maiden Name, Mary Hassel
7. Mother's Birthplace, Maryland
8. Full Name of Father, Thos W Leary
9. Father's Occupation, Engineer B&O R.R.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C J Brooks

Address, 1828 Light St

Remarks, Dr. Well

1893 0 0 0 2 8 1 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Twenty Second of August
4. Place of Birth, (Street and Number) 931 Madison avenue
5. Full Name of Mother, Mary Elizabeth Neser
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Neser
9. Father's Occupation, Shoemanufactor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Maggie C Waters

Address, 312 South Woodyear

Remarks, 1893 0002819

been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

49588.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d,

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 22 the

4. Place of Birth, (Street and Number) 1185 Columbia Ave.

5. Full Name of Mother, Annie Waldmann

6. Mother's Maiden Name, Englert

7. Mother's Birthplace, Ahnhausen Germania

8. Full Name of Father, John C. Waldmann

9. Father's Occupation Carpenter

10. Father's Birthplace, Fischbach Germania

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1893 0 0 0 2 8 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 49589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 22/93
4. *Place of Birth, (Street and Number)* 76 S. Carrollton Ave
5. *Full Name of Mother,* Annie E. Reaney
6. *Mother's Maiden Name,* " " Kinsella
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Robert B. Reaney
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Joseph O. Saunders

Address, 1075 W. Fayette St.

Remarks,

18 93 U 8 2821

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 49590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	23rd Day of August
4. Place of Birth, (Street and Number)	2718 Lancaster str
5. Full Name of Mother,	Maggie Schmidt
6. Mother's Maiden Name,	Maggie Martin
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	John H. Schmidt
9. Father's Occupation	Blacksmith
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm P Sievenpiper
Address,	1925 Hare street
Remarks,	1893 0002822

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug. 23rd

4. Place of Birth, (Street and Number) 626 Jasper St

5. Full Name of Mother, Ella Satchell

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. O. B. Stone

Address, 122 N. Lombard st

Remarks, 1893 0002823

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 27th
4. *Place of Birth, (Street and Number)* 622 N. Lombard St
5. *Full Name of Mother,* Lucy Woods
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr. A. H. Garned

Address, 622 N. Lombard St.

Remarks,

1893000284

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 49593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 23rd 1893
4. *Place of Birth, (Street and Number)*	1731 East Pratt St.
5. *Full Name of Mother,*	Lida Sutherland
6. *Mother's Maiden Name,*	Lida Rowe
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Andrew Sutherland
9. *Father's Occupation,*	Boiler Maker
10. *Father's Birthplace,*	Annapolis Md.
Name of Medical Attendant, or other person who makes this Return.	H. H. Johnson M.D.
Address,	1916 East Pratt St.
Remarks,	18930002825

The name of each child (if any shall have been omitted) is sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 49593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23rd August 93.
4. *Place of Birth, (Street and Number)*	425 Poyson St
5. *Full Name of Mother,*	Jebana Sadowski
6. *Mother's Maiden Name,*	Jebana Schöpert
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	August Sadowski
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Lucinda Hawkes Midwife
Address,	246 West Pratt St
Remarks,	1893000 2826

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight th Child.

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 rd of August.
4. Place of Birth, (Street and Number) Balto, James Lane.
5. Full Name of Mother, Katie Gaeble.
6. Mother's Maiden Name, Katie Schneider.
7. Mother's Birthplace, Langendilach, Ger.
8. Full Name of Father, John H. Gaebel.
9. Father's Occupation Tending engines.
10. Father's Birthplace, Langendilach Ger.

Name of Medical Attendant, or other person who makes this Return, Katie Mundt

Address, 802 Lauderdale St

Remarks, 1893 0002827

Wm. J. C. Dulany Co., City Printers and Stationers.

be conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Chamber of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 11-18-66

RETURN OF A BIRTH A. 49595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ADA ZIMMERMAN

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, August 24th 1893
4. Place of Birth, (Street and Number) 1420 So Charles st
5. Full Name of Mother, Mary Zimmerman
6. Mother's Maiden Name, Mary Schauer
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis V. Zimmerman
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr Katie Mitchell

Address, 810 Leadenhall St

Remarks, 1893000 2828

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49596.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. Aug 27 93
4. Place of Birth, (Street and Number) 202 S Broad St
5. Full Name of Mother, Amanda J Potter
6. Mother's Maiden Name, Burke
7. Mother's Birthplace, East Md
8. Full Name of Father, John Potter
9. Father's Occupation Asst Engr Fire Department Balto
10. Father's Birthplace, East Md

Name of Medical Attendant, or other person who makes this Return Caroline Miller

Address, 1105 Madison St.

Remarks, 1893 0002829

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49597.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 24 93
4. Place of Birth, (Street and Number) 2848 E. Fayette St
5. Full Name of Mother, Emma V. Holland
6. Mother's Maiden Name, " " Brady
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Louis H. Holland
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Jay C. Eckel, M.D.

Address, 1312 Ashland ave.

Remarks, 1893 0002830

All children born within the limits of Baltimore City after the first day of January, 1875, shall be registered within ten days after birth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49598.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24th August 1893

4. Place of Birth, (Street and Number) 905 Hope alley

5. Full Name of Mother, Josephine Langnamm

6. Mother's Maiden Name, Pinke

7. Mother's Birthplace, Germanyy

8. Full Name of Father, Theodore Langnamm

9. Father's Occupation Cigar Maker

10. Father's Birthplace, Germanyy

Name of Medical Attendant, or other person who makes this Return Susan Hunter

Address, 23 d Pennsylvania St

Remarks, 1893 0 0 0 2 8 3 1

Health, this schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred; its sex, color, date of birth; and the full name and occupation of its parents, the date and place of their marriage, the full name and residence of the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the practitioner in case the other person be in been complete, to the Commissioner of Health. In case the other person required, and third day of each and every month to the office of the person or persons required, and shall occur upon the mother, immediately thereafter, it shall become the duty of the person or persons within the period above shall be sub- attendance upon the birth to the Commissioner of Health, comply with the provisions of this section recoverable. child to report its birth to the Commissioner of Health, in the manner and provisions of this section are recoverable. any such person who shall hereafter fail to comply with the provisions of this section are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24 Aug

4. Place of Birth, (Street and Number) 710 Hart St

5. Full Name of Mother, Bridget Lowes

6. Mother's Maiden Name, Bridget Lowes

7. Mother's Birthplace, Ireland

8. Full Name of Father, Joseph Lowes

9. Father's Occupation Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Bitzer midwife

Address, 506 S. Wright St.

Remarks, 1893000283 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, August 24, 1893.

4. Place of Birth, (Street and Number) 2103 Jefferson Place.

5. Full Name of Mother, Nellie Smith

6. Mother's Maiden Name, Gordon.

7. Mother's Birthplace, Md.

8. Full Name of Father, Thomas Smith.

9. Father's Occupation Clerk.

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1893000 2833

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name, age, color, and occupation of its parents, the date of marriage between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, the Commissioner after fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 24th 1893
4. *Place of Birth, (Street and Number)*	136 Davis Ave Woodberry
5. *Full Name of Mother,*	Mary Elizabeth Pfeiffer
6. *Mother's Maiden Name,*	Mary Elizabeth Riley
7. *Mother's Birthplace,*	Woodberry, Md.
8. *Full Name of Father,*	William W Pfeiffer
9. *Father's Occupation,*	Operative in Cotton Factory
10. *Father's Birthplace,*	Carroll Co. Md
Name of Medical Attendant, or other person who makes this Return.	Geo. T. Shower. M. D.
Address,	431 Roland Ave Wavelden
Remarks,	1893000283 4

GW J. D. EULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. # 4960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th of August 1893
4. *Place of Birth, (Street and Number)*	(Baltimore) Boyd street. No 1023
5. *Full Name of Mother,*	Mary E. Crotty.
6. *Mother's Maiden Name,*	Mary E. McGowan.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	George Patrick Crotty
9. *Father's Occupation,*	Carrier
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Bridget O'Hayer
Address,	924 Hollins St
Remarks,	

1893 0002835

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, which have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 49603.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 20th 93
4. Place of Birth, (Street and Number) 20 E. Chase St.
5. Full Name of Mother, Annie ~~Conner~~ Gough
6. Mother's Maiden Name, Annie Conner.
7. Mother's Birthplace, Fredericksburg Va
8. Full Name of Father, Wm J. Gough
9. Father's Occupation Cigar maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. W B Rogers M.D.

Address, 1086 Race St.

Remarks, 893000835

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. A 49604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white child

3. Date of Birth, 25 Lombard st 1904

4. Place of Birth, (Street and Number) Lombard st 1904

5. Full Name of Mother, Alice Lee of Baltimore

6. Mother's Maiden Name, Alice Waters

7. Mother's Birthplace, George Waters

8. Full Name of Father, J Hunters

9. Father's Occupation, Philadelphia

10. Father's Birthplace, Mrs Emily

Name of Medical Attendant, or other person who makes this Return, 102 E Hamburg st

Address,

Remarks, 8930002837

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 14603.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 25 93
4. *Place of Birth, (Street and Number)*	2225 Orleans
5. *Full Name of Mother,*	Rosa Young
6. *Mother's Maiden Name,*	" Englman
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm Young
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonough
Remarks,	1893000283 8

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule and every month to the office of the Commissioner of Health. In case the other person be in third day of each and every month to the office of the Commissioner of Health. In case the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and shall occur without the mother, immediately thereafter it shall become the duty of the person or persons required, and attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-21-56

CERTIFICATE CORRECTED 9-5-52

RETURN OF A BIRTH. A 4966.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Carl Georg ~~Blimberg~~ Blimberg 2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	August the 25th 1893
4. Place of Birth, (Street and Number)	834 N. Front St. City
5. Full Name of Mother,	Alice ~~Blimberg~~ Blimberg
6. Mother's Maiden Name,	Alice Toruk
7. Mother's Birthplace,	Covna Littau Russia
8. Full Name of Father,	John ~~Blimberg~~ Blimberg
9. Father's Occupation	Brick Layer
10. Father's Birthplace,	Covna Littau Russia
Name of Medical Attendant, or other person who makes this Return,	Lina Müller M.D.
Address,	1333 Hull St.
Remarks,	1893000028839

Wm. J. C. Dulany Co., City Printers and Stationers

Every child born alive in the City of Baltimore, whether white or colored, its sex, color, the full name and occupation of its parents, the date and place of birth; and the name, color, and residence of the physician or midwife present at the birth, shall be registered in the office of the Commissioner of Health. In case no physician or midwife was present at the birth of any child born elsewhere than in a hospital, the parent or parents of such child shall report the facts required by the preceding section to the Commissioner of Health. In case no other person be in attendance upon birth to the Commissioner fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon birth to the Commissioner fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon birth to the Commissioner fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

shall occur without the mother, immediately of health, in the manner and within the period above required, and attendance upon birth to the Commissioner fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4960?

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) American
3. Date of Birth, August 28th 93
4. Place of Birth, (Street and Number) Penna Ave
5. Full Name of Mother, Grace Klunk
6. Mother's Maiden Name, Grace Shield
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Martin Klunk
9. Father's Occupation, Baster
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Lovstad

Address, 572 Greenman Ave.

Remarks, 1693000 2840

GEO. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, A 49608.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* augs 25 193
4. *Place of Birth, (Street and Number)* 1281 Battery av Balto Md
5. *Full Name of Mother* Mary P Prenger
6. *Mother's Maiden Name* Mary Murphy
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Henry Prenger
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrd Conway.

Address

Remarks

| 8 9 3 0 0 0 2 8 4 1 |

RETURN OF A BIRTH

49609.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Henry Frazier

No. of Child | Mother, (state whether 1st, 2d, 3d, &c.) Third (10th)

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), White

3. Date of Birth, Aug 25th 1893

4. Place of Birth (Street and Number), 910 North Bond

5. Full Name of Mother, Hannah J Frazier

6. Mother's Maiden Name, Fiske

7. Mother's Birthplace, Harford Co Md

8. Full Name of Father, Harry A Frazier

9. Father's Occupation, Carter Seller

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. H E Fooks MD

Address, GIVEN NAME ADDED. 6-23-53 817 E Baltimore St

Remarks, 4 M

1893 0002842

The Commissioner of Health has caused a list of the births which have occurred under his or her care during the month. And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly attested by the practitioner in the form of a certificate, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth so which and every month to the Commissioner of Health. In case the birth of any such person or persons shall not be delivered as aforesaid within the period above required, shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 49610.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner as the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	I
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 26-93
4. *Place of Birth, (Street and Number)*	146 W. Fayette St
5. *Full Name of Mother,*	Ida N. Bennett
6. *Mother's Maiden Name,*	Nicholson
7. *Mother's Birthplace,*	Lenard Co. Md.
8. *Full Name of Father,*	Wm. C. Bennett
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Harford Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Wm Lynch M.D.
Address,	101 N. Fulton Ave
Remarks,	

: 8 9 3 0 0 0 2 8 4 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 49611.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26 June
4. *Place of Birth, (Street and Number)*	419 St Paul St.
5. *Full Name of Mother,*	Maggie Baddors.
6. *Mother's Maiden Name,*	Maggie McKew
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Joseph H. Baddors
9. *Father's Occupation*	Coachee
10. *Father's Birthplace,*	Maryland Co.
Name of Medical Attendant, or other person who makes this Return,	Mrs. L. Bird midwife
Address,	506 S. Wright St.
Remarks,	1693000284 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 4961 V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered together with costs.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 26 93
4. *Place of Birth, (Street and Number)*	1729 N Chester St
5. *Full Name of Mother,*	Lena Bensel
6. *Mother's Maiden Name,*	Hill
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Jno Bensel
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto, Md
Name of Medical Attendant, or other person who makes this Return,	Caroline Miller
Address,	1005 Chatham St
Remarks,	1893 0002845

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

E 4613.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child 2. B.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 26th 1873
4. Place of Birth, (Street and Number) ~~Baltimore~~ Appleton St No 13 North
5. Full Name of Mother, Charlotte. Frances Carroll
6. Mother's Maiden Name, Charlotte. Frances. Whibdy
7. Mother's Birthplace, Cambridge ~~Dorsetshire~~ England
8. Full Name of Father, Edgvard. Frances Carroll
9. Father's Occupation Plumer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Susan Hunter

Address, 23 d Appellon St

Remarks, 1 8 9 3 0 0 0 2 8 4 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Ouw

RETURN OF A BIRTH A. 4686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Cora Darly Ashmore 5th

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Aug 26th 1893
4.	*Place of Birth, (Street and Number)*	2306 Division St
5.	*Full Name of Mother,*	Martha Ashmore
6.	*Mother's Maiden Name,*	Snyder
7.	*Mother's Birthplace,*	Carrol Co Md
8.	*Full Name of Father,*	Jno Ashmore
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Philadelphia
	Name of Medical Attendant, or other person who makes this Return.	Chas E Sadler MD
	Address,	210 Druid Hill Ave
	Remarks,	1893000 2847

Note.—This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH. A. 49615.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Louisa Hempel
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 20, 1893
4. *Place of Birth, (Street and Number)* 115 N. Henrietta
5. *Full Name of Mother,* Kate Hempel
6. *Mother's Maiden Name,* Kate Pauly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles William Hempel
9. *Father's Occupation* Varnish maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Lalie Minah

Address, 100 Lauderdale St

Remarks, 1893000 2648

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4966.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26th August 93
4. *Place of Birth, (Street and Number)*	1810 Eden St
5. *Full Name of Mother,*	Katharina Herzer
6. *Mother's Maiden Name,*	Katharina Helfe Welfe
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Joseph Herzer
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederika Reuter Midwife
Address,	216 West Pratt St
Remarks,	

1 6 9 3 9 0 0 2 8 4 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) F Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th January 1893.

4. Place of Birth, (Street and Number) 739 N. Fremont St. Balto Md

5. Full Name of Mother, Martha Ellen Mc. Clure.

6. Mother's Maiden Name, M. E. Cassell.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Frank, Eugene Mc. Clure.

9. Father's Occupation Letter Carrier.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return Susan Hurte.

Address, 23 d Pappelton St

Remarks, 1893 0002850

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 14618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - ~~Margaret Sofia~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 of August 1925
4. Place of Birth, (Street and Number) 528 Madeira St
5. Full Name of Mother, Anna Hammelbacher
6. Mother's Maiden Name, Nader
7. Mother's Birthplace, Balt
8. Full Name of Father, George D. Hammelbacher
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. M Eis L Sucz

Address, 1907 E Monument St.

Remarks, GIVEN NAME ADDED 2-8-54

1893000285 M

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 1919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 26 — 93
4. *Place of Birth, (Street and Number)*	1643 Ashland Ave
5. *Full Name of Mother,*	Virginia Briscoe
6. *Mother's Maiden Name,*	West
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Samuel M. Briscoe
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary C. Allard
Address,	912 McDonogh
Remarks,	1893 0002852

Within thirty days after the birth of any child born alive in the City of Baltimore, the parent or parents of such child, if married, and if not married, then the mother, and in case the mother be dead, then the father, and in case both parents be dead, then the person having charge of such child, shall make a return of such birth to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall set forth as far as the same can be ascertained the full name of such child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4670.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27th of August 92
4. *Place of Birth, (Street and Number)*	312 Forest Av
5. *Full Name of Mother,*	Elisabeth Gres
6. *Mother's Maiden Name,*	Elisabeth Bender.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Georg Gres
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuter Midwife
Address,	216 West Pratt St
Remarks,	

1893 U 002853

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 1-28-59

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Helen Braly 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 31 - 1893.
4. Place of Birth (Street and Number)	1525 Hackem Ave
5. Full Name of Mother	Mary Cranwell Braly
6. Mother's Maiden Name	Mary Cranwell
7. Mother's Birthplace	Hagerstown Md
8. Full Name of Father	Edward E. Braly
9. Father's Occupation	Merchant
10. Father's Birthplace	Hagerstown Md
Name of Medical Attendant, or other Person who makes this Return.	Robt K Kneas
Address	220 N Calvert.
Remarks	

1893000285 4

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

A 44677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Aug 24th 1893
4.	*Place of Birth, (Street and Number)*	15 Plymouth Ave West Woodberry
5.	*Full Name of Mother,*	Mary Elizabeth Hess
6.	*Mother's Maiden Name,*	Mary Elizabeth Stauffer
7.	*Mother's Birthplace,*	Washington Co. Md.
8.	*Full Name of Father,*	Abraham Hess
9.	*Father's Occupation,*	Machinist
10.	*Father's Birthplace,*	Franklin Co. Pa
	Name of Medical Attendant, or other person who makes this Return.	Geo. F. Shower, M.D.
	Address,	421 Roland Ave Hampden
	Remarks,	1693000 2855

Health. The Return Card contains a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 19673.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Negro
3. Date of Birth, Aug. 27, 1893
4. Place of Birth, (Street and Number) 165 Stockton St
5. Full Name of Mother, Mary Anderson
6. Mother's Maiden Name, " Ivres
7. Mother's Birthplace, Baltimore County, Md
8. Full Name of Father, William Anderson
9. Father's Occupation, Waiter
10. Father's Birthplace, King & Queen Co. Va.

Name of Medical Attendant, or other person who makes this Return. B. Prince M.D.

Address, 916 Edmondson Ave. Balto. Md.

Remarks,

1893000 2856

... the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 29674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 27
4. Place of Birth, (Street and Number) 528 W Lee St
5. Full Name of Mother, Helen Martin
6. Mother's Maiden Name, " McCambridge
7. Mother's Birthplace, City
8. Full Name of Father, Frank Martin
9. Father's Occupation Cook
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr Bench Jud

Address, 571 Hanover St

Remarks, 1893 U 0 0 2 8 5 7

The name can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 3-12-56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Alfred Joseph Burgan 1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	August the 27. 1893
4. Place of Birth, (Street and Number)	Hollins St No 12. 29
5. Full Name of Mother,	Louera E Burgan
6. Mother's Maiden Name,	Louera E woolf
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	george C Burgan
9. Father's Occupation	Segar maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs I Kelley
Address,	No 1922 Wilkins Ave
Remarks,	1893 0002858

Wm. J. C. Dulany Co., City Printers and Stationers

A 49626.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Our

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 27th
4. Place of Birth, (Street and Number) 622 N. Lombard st
5. Full Name of Mother, Nannie Ford.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. Otis Stone

Address, 622 N. Lombard st.

Remarks, 1893 0002859

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the practitioner in the form of a certificate to the Board of Health. In case the other person be in said schedule shall be delivered, duly signed by the officer or practitioner of midwifery, or should no other person of such third day of each and every month to the office or practitioner of midwifery, or should no other person of such attendance without the attendance of a physician or practitioner of midwifery, in the manner and provisions of this section shall be sub-shall come upon the mother, immediately thereafter, it shall become the duty of the person required, and child to report its birth to the Board of Health, in the manner and provisions of this section shall be sub-any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offence, to be recoverable as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 44637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 27 1922
4. *Place of Birth, (Street and Number)* 921 Bradley Ct
5. *Full Name of Mother,* Isabel Pelham
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Tennessee
8. *Full Name of Father,* Edward Pelham
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1893000 2360

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the manner and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 44628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 27th 1893
4. Place of Birth (Street and Number),	1830 E Monument St
5. Full Name of Mother,	Carrie V ~~Loots~~ Leyhe
6. Mother's Maiden Name,	" " Franks
7. Mother's Birthplace,	Charles Co Md
8. Full Name of Father,	Christian Leyhe
9. Father's Occupation,	Sailor
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	E E Cooks MD
Address,	1519 E Baltimore St
Remarks,	

1893 0 0 0 2 8 6 1

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive before), the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by or in behalf of the person required, to the Commissioner of Health. In case the parents or persons shall be absent from the city at the time of the birth, or should no other person required, and any such person or persons each and every month to the office of the Commissioner of Health, the duty of the person or persons required, and any such person or persons the attendance shall thereafter it shall become and within the period above required, shall be subjected to the fine of ten (10) dollars mother. Immediately thereafter it shall become and within the period above required, shall be subjected to the fine of ten (10) dollars the Commissioner of Health, in the manner the provisions of this section shall be recoverable. who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 49679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, August 28. '93
4. Place of Birth, (Street and Number) 940 Penna. Ave.
5. Full Name of Mother, Anna Tyler
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Robert Tyler
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto, Md.

Name of Medical Attendant, or other person who makes this Return. Dr. H. R. Pearson.

Address, Md. Gen. Hospital

Remarks,

1 8 9 3 0 0 0 2 8 6 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled and signed by the practitioner to the Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, said child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49630.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Aug 29th
4. Place of Birth, (Street and Number) 720 Shields alley.
5. Full Name of Mother, Alice Jones.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. C. W. Lomed

Address, 622 N. Lombard St.

Remarks, 1893 0002863

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4903.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Aug 28th 1893
4. Place of Birth, (Street and Number) # 203 Monroe Str
5. Full Name of Mother, Mrs Mary Süchting
6. Mother's Maiden Name, Wife " Grundick
7. Mother's Birthplace, Hanover Germany
8. Full Name of Father, William Süchting
9. Father's Occupation Carpenter.
10. Father's Birthplace, Hanover Germany
Name of Medical Attendant, or other person who makes this Return, Mrs Hiller
Address, #2127 W Pratt Str
Remarks, 8930002864

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate let the birth of any child shall occur without the attendance of a physician it shall become the duty of the person or parents of such third day of each and every month to the office or practioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health to comply with the provisions of this section are recoverable child to report its birth to the Board hereafter fail to be recovered as other fines and forfeitures jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall neglect or re-

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8/6/27

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 28/93

4. Place of Birth, (Street and Number) 1232 W Lombard St

5. Full Name of Mother, Carrie Klages

6. Mother's Maiden Name. Earl

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry Klages

9. Father's Occupation, Plumber

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return, D. Norwood

Address, 939 Fayette St

Remarks,

8930002865

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49633.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 25th 1893
4. *Place of Birth, (Street and Number)*	Baltimore 117 Bond St
5. *Full Name of Mother,*	Georgie Louisa Finch
6. *Mother's Maiden Name,*	Louisa Thomas
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	George Finch
9. *Father's Occupation*	Confectioner
10. *Father's Birthplace,*	Harrisburg W. Virginia
Name of Medical Attendant, or other person who makes this Return	Susan Hinds
Address,	27 E Pagueldon St
Remarks,	8930002866

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH,

A 4634

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	Aug 28th 1893.
4. *Place of Birth, (Street and Number)*	Baltimore Md. 1109 Lottery Ave
5. *Full Name of Mother*	Mary Emma Beale
6. *Mother's Maiden Name*	Mary Emma Schuler
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Horatio Beale
9. *Father's Occupation*	Letter Carrier
10. *Father's Birthplace*	Prince George County, Md.
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

8930002867

RETURN OF A BIRTH. A. 49635.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 28 93
4. *Place of Birth, (Street and Number)* 504 N. Regester St
5. *Full Name of Mother,* Mamie Stallard
6. *Mother's Maiden Name,* Cunningham
7. *Mother's Birthplace,* Date Md
8. *Full Name of Father,* Carlos Stallard
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Stallard St

Remarks, 8 9 3 0 0 0 2 8 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14636.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28th of August 93.
4. *Place of Birth, (Street and Number)*	32 Garrison Lane
5. *Full Name of Mother,*	Katharina Grebe
6. *Mother's Maiden Name,*	Katharina Feuerwald
7. *Mother's Birthplace,*	Bad.
8. *Full Name of Father,*	Carl Grebe
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Bad.
Name of Medical Attendant, or other person who makes this Return,	Friederike Reuter Midwife
Address,	216 West Pratt St
Remarks,	

1893 0002869

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 4637.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 28th 1893
4. Place of Birth, (Street and Number) 800 Hanover St.
5. Full Name of Mother, Maggie V. Rudolph
6. Mother's Maiden Name, " " Schnauffer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Jacob Rudolph
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm Gombel M.D.

Address, 128 W. Lee St.

Remarks,

1893000 2870

month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ON J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 4638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 29th 1893
4. Place of Birth, (Street and Number) Baltimore. 413. East Eager St
5. Full Name of Mother, Mary Ellen Cassily
6. Mother's Maiden Name, Mary Ellen Flatley
7. Mother's Birthplace, Ellicot City
8. Full Name of Father, James Cassily
9. Father's Occupation, Laborer.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. Jesse Neary Tittle

Address, 917 E Lafayette Place & Wolfe.

Remarks,

8930002871

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 44639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 Aug 19
4. *Place of Birth, (Street and Number)* 29 West St
5. *Full Name of Mother,* Lizzie Miller
6. *Mother's Maiden Name,* Fox
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Miller
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Hattie Wunch

Address, 840 Lexington Hall St

Remarks, 8930002872

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the parents, the date and place between the first and last births mentioned, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation, and the form of a certificate for birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate for birth of any child said schedule shall be delivered every month to the officer of practioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health. In case the other person be in third day of each and every month to the officer of practioner of midwifery, or should no other parents of such shall occur without the attendance of a physician after it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 44640.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 29 th 1893
4. *Place of Birth, (Street and Number)*	# 2000 W. Pratt St
5. *Full Name of Mother,*	Mrs Kate Strohmer
6. *Mother's Maiden Name,*	Meyer Opel
7. *Mother's Birthplace,*	Bayern Germany
8. *Full Name of Father,*	John Strohmer
9. *Father's Occupation*	Grocer Store
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	# 2127 W. Pratt St
Remarks,	8930002873

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4464.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th 2 b.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	the 24 of August 1893
4. *Place of Birth, (Street and Number)*	No 133 N. Central Ave
5. *Full Name of Mother,*	Mary Lipshitz
6. *Mother's Maiden Name,*	Mary Baumschmidt
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	Peter Baumschmidt
9. *Father's Occupation*	Clothing Cutter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Eh Sauer
Address,	No 1054 Harford Ave
Remarks,	Bal Md
	8930002874

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 14606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Aug 29th 1893
4. *Place of Birth, (Street and Number)*	14 Noble Ave. West Woodberry
5. *Full Name of Mother,*	Eillen Wink
6. *Mother's Maiden Name,*	Eillen Brown
7. *Mother's Birthplace,*	Balt. Co. Md.
8. *Full Name of Father,*	Edward Wink
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Carroll Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. N. Shower. M.D.
Address,	421 Roland Ave. Hampden.
Remarks,	8930002875

SIG. J. C. SALAMY CO. CITY PRINTERS AND STATIONERS

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and the occupation of its parents, of a certificate between the any child said schedule shall be delivered, duly signed by the practitioner in the form of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the ... who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons ...

RETURN OF A BIRTH. A 49643.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	August 29
4. *Place of Birth, (Street and Number)*	1223 Hulbert St
5. *Full Name of Mother,*	Mrs Mary Flynn
6. *Mother's Maiden Name,*	Mary O. Hara
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Michael Flynn
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Ann Connor
Address,	1112 Hulbert St
Remarks,	

8930002876

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

A 49644

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* August 29 1893

4. *Place of Birth, (Street and Number)* 834 N. Front St

5. *Full Name of Mother,* Cassie J. Frick

6. *Mother's Maiden Name,* Cassie J. Blumberg

7. *Mother's Birthplace,* Longa Libau Russia

8. *Full Name of Father,* Lawr. G. Frick

9. *Father's Occupation* Bricklayer

10. *Father's Birthplace,* Strickerk Kurland Russia

Name of Medical Attendant, or other person who makes this Return, Linz Müller Hebamme

Address, 1333 Hull St

Remarks, 8930002877

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 4646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 29, 1893.
4. Place of Birth, (Street and Number) 213 Chestnut ave.
5. Full Name of Mother, Ellen France.
6. Mother's Maiden Name, Finnigan.
7. Mother's Birthplace, Md.
8. Full Name of Father, Samuel Nelson France.
9. Father's Occupation Contractor.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 1893U002878

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 4646.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, August 30 1893
4. Place of Birth, (Street and Number) 616 Fusten
5. Full Name of Mother, Alice Moody
6. Mother's Maiden Name, Alice Moody.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, James Johnson
9. Father's Occupation Porter
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Mary ann Mason

Address, 533 Amiant alley

Remarks, Born august 30th died august 31

B 930002879

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 30th 1893
4. *Place of Birth, (Street and Number)* Baltimore Md. No 104 N. Bremen Av
5. *Full Name of Mother,* Mary A. Schaap
6. *Mother's Maiden Name,* Mary A. O'Brien
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Nicholas J. Schaap
9. *Father's Occupation* Police
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Perpetual Ct

Remarks, 8 9 3 0 0 0 2 8 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49648.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug 20th

4. Place of Birth, (Street and Number) 622 W. Lombard St.

5. Full Name of Mother, Carrie Collins.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. C. H. Garned.

Address, 622 W. Lombard St.

Remarks, 8930002881

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A49649.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 30th 1893
4. *Place of Birth, (Street and Number)*	# 31 Young Str
5. *Full Name of Mother,*	Mrs Marie Gimbel
6. *Mother's Maiden Name,*	Meis " Werner
7. *Mother's Birthplace,*	Baden Germany
8. *Full Name of Father,*	Conrad Gimbel
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return,	Wm Heiller
Address,	# 2127 W Pratt Str
Remarks,	8930002882

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 10-11-56

RETURN OF A BIRTH. A 49650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Maude Irene Kinsey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female D
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 30 1893
4. *Place of Birth, (Street and Number)* Bay View C.H. 116 S. Hanover St
5. *Full Name of Mother,* Maud E. Kinsey
6. *Mother's Maiden Name,* Maud Stalling
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Albert Kinsey
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Shaffer

Address, 722 Hanburg St

Remarks,

1893000 2883

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49667.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) six

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 30th
4. Place of Birth, (Street and Number) 544 Welcome Alley
5. Full Name of Mother, Bertie Carr.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Dr. O'B Stone

Address, 672 W. Lombard, st.

Remarks,

8930002884

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 49657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	August 30th
4. *Place of Birth, (Street and Number)*	Hurley avenue 5th door
5. *Full Name of Mother,*	Mary
6. *Mother's Maiden Name,*	Campbell
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Charles Moore
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	M E Bias
Address,	370 Eutaw Street
Remarks,	8930002885

WM. A. S. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1903.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 30 / 03
4. *Place of Birth, (Street and Number)*	846 S. Broadway
5. *Full Name of Mother,*	Lizzie C. Parsons
6. *Mother's Maiden Name,*	Lizzie C. Morgreth
7. *Mother's Birthplace,*	Balto md
8. *Full Name of Father,*	Marion S. Parsons
9. *Father's Occupation,*	Marine Engineer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return	H. Dalicup M.D.
Address,	700. S. Broadway
Remarks,	Born 9.30. A.M.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49634.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 July 1893
4. Place of Birth, (Street and Number) 230 W Hill St
5. Full Name of Mother, Louis Lansdin
6. Mother's Maiden Name, Louis Stewart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James D Lansdin
9. Father's Occupation, Lackliner
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr Brooks

Address, 835 Light St

Remarks, Dispensary

8930002887

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 30. 93
4. Place of Birth, (Street and Number) 217 N. Linn St.
5. Full Name of Mother, Mrs. Annie Ottilia Epenstein Koon
6. Mother's Maiden Name, Nip. E Epenstein
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, William Henry Albert Koon
9. Father's Occupation, Cigar Manufac.
10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return, G. G. Link M. D.

Address, 2000 E. Balto St.

Remarks, Normal delivery

8930002888

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 19056.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30 of August 92
4. *Place of Birth, (Street and Number)*	2103 Frederick Av
5. *Full Name of Mother,*	Augusta Baker
6. *Mother's Maiden Name,*	Augusta Bayer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Baker
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friedrich Kunde Midwife
Address,	218 West Pratt St
Remarks,	1893 0002889

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 14657

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Aug 31 - 1893
4. *Place of Birth, (Street and Number)*	1110 W Balto St.
5. *Full Name of Mother,*	Florence V. Cummings
6. *Mother's Maiden Name,*	Florence V. Conner
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	James J Cummings
9. *Father's Occupation,*	Florist
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other Person who makes this Return	A H Sarston
Address,	1136 W Lexington St
Remarks,	(Forcep delivery)

1893000 2890

...Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 40658.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August the 31 18.93
4. *Place of Birth, (Street and Number)*	Parish A 3 11
5. *Full Name of Mother,*	Harvey E M Regler
6. *Mother's Maiden Name,*	Harvey E M hurter
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michel Regler
9. *Father's Occupation*	Steam fitter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Heller
Address,	No 19.23 Wilkins Ave
Remarks,	8930002891

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

GIVEN NAME ADDED, 2-1-62

A 49659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Robert Barnard Mohr Jr

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31 1893
4. Place of Birth, (Street and Number) 516 Little Green St
5. Full Name of Mother, Katharine Mohr
6. Mother's Maiden Name, Katharine Griffin
7. Mother's Birthplace, Ohio
8. Full Name of Father, Henry A. Mohr
9. Father's Occupation, Furnace-man
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Wellington Style

Remarks, 6 8 9 3 0 1 Bx 0 2 8 92

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the ... and a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-2-60

RETURN OF A BIRTH A 49660.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Lappe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 31st of August 1893

4. Place of Birth, (Street and Number) 1920 Eutaw St

5. Full Name of Mother, Lizzie Lappe

6. Mother's Maiden Name, Gilch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry G Lappe

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm L Schultz

Address, 1907 E Monument St

Remarks, 1893 0002893

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George B Collins.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31 93
4. Place of Birth, (Street and Number) 927 Fallsway
5. Full Name of Mother, Agnes Collins
6. Mother's Maiden Name, Reed
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. J. Collins
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr B Penn Smith

Address, 202 E. Lee St

Remarks, 8 9 3 0 0 0 2 8 9 Wm J. Collins Father.
3 lbs 5 oz

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH A 49667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Aug 31st 1893
4. *Place of Birth, (Street and Number)*	1347 Forest Str
5. *Full Name of Mother,*	Mrs Annie Puschel
6. *Mother's Maiden Name,*	Wife " Sanfitz
7. *Mother's Birthplace,*	Prussen Germany
8. *Full Name of Father,*	Albert Puschel
9. *Father's Occupation*	Cabinet Maker
10. *Father's Birthplace,*	Prussen Germany
Name of Medical Attendant, or other person who makes this Return	Mrs. Hiller
Address,	#2127 W. Pratt Str
Remarks,	8930002895

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 5-5-N9

A. 49663.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry ~~Klees~~ 3rd

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug (3) 30th

4. Place of Birth, (Street and Number) 1011 Chestnut Alley

5. Full Name of Mother, Lena (~~Klees~~) Klees

6. Mother's Maiden Name, Lena Hubner

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry (~~Klees~~) Klees

9. Father's Occupation, Tobacconist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Hellen Dr. Pfeifer

Remarks, Exp 8 9 Sol 8 3 8 9 Ex

Wm J C. Dulany Co., City Printers and Stationers.

A 4964

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 31. 1893
4. *Place of Birth, (Street and Number)* 1357 Garrett Ave.
5. *Full Name of Mother,* Annie Reichenberg
6. *Mother's Maiden Name,* Annie Malinosky
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustav Reichenberg
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Jno. Hirthes M.D.

Address, 1333 Hollins St.

Remarks, 1893 0 0 0 2 8 9 7

Wm. J. C. Dulany Co., City Printers and Stationers

keep conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of this section shall be to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 49663.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31 -
4. Place of Birth, (Street and Number) 126 E. Monument St -
5. Full Name of Mother, Ida Boone
6. Mother's Maiden Name, Marshall
7. Mother's Birthplace, Talbot Co - Md
8. Full Name of Father, James E. Boone
9. Father's Occupation Tug Boat Captain
10. Father's Birthplace, Talbot Co Md

Name of Medical Attendant, or other person who makes this Return, Dr J C Bunch M D

Address, 511 Hanover St

Remarks, 8 7 3 0 0 0 2 8 9 8

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the certificate of the attendant, if any, as to the cause of stillbirth; and the said schedule shall be delivered, duly signed by the physician or midwife, or other person who shall attend the birth of any child in the form of a certificate to the Commissioner of Health, or should no other person attend such birth, then the mother, immediately after the birth of her child, shall report the same to the office of

RETURN OF A BIRTH. A. 149 666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, August 31st
4. Place of Birth, (Street and Number) 701 Usher St
5. Full Name of Mother, Katherina J. Schnick
6. Mother's Maiden Name, " " Ball
7. Mother's Birthplace, Balto City
8. Full Name of Father, Geo. A Schnick
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. John S. Hucks

Address, 649 N. Lafayette Ave.

Remarks,

18930002899

Every birth shall be registered as far as the same can be ascertained, the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race)

3. Date of Birth, 1 Aug. 1893

4. Place of Birth, (Street and Number) 17 Helen

5. Full Name of Mother, Lucia Weber

6. Mother's Maiden Name, Thomas

7. Mother's Birthplace, Balt.

8. Full Name of Father, Conrad Weber

9. Father's Occupation —

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Anna Weber

Address, 928 E. Baltimore Av.

Remarks, 1893 0002900

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 6 Nov 1893
4. *Place of Birth, (Street and Number)* Maine West
5. *Full Name of Mother,* Maggie Helen
6. *Mother's Maiden Name,* Ball
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Taylor
9. *Father's Occupation* Ball
10. *Father's Birthplace,* Anne Arundel

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 918 N Carey St

Remarks, 8930002901

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person report such attendance upon the mother, Commissioner of Health, immediately thereafter, in the manner and within the period above recited, shall become the duty of the person or parents of such child to report its birth to the office of practitioner of midwifery of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A-49669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 2nd 1893
4. *Place of Birth, (Street and Number)* 1521 N Lombard st
5. *Full Name of Mother,* Anna Marie Bedford.
6. *Mother's Maiden Name,* Raline
7. *Mother's Birthplace,* Mt Winans Balto co
8. *Full Name of Father,* Wm J. Bedford
9. *Father's Occupation* R. R. Conductor
10. *Father's Birthplace,* Towson Balto. co

Name of Medical Attendant, or other person who makes this Return, Annie Lindner

Address, 1016 S. Newkirk.

Remarks,

8930002902

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 8 Aug.
4. Place of Birth, (Street and Number) 127 William st
5. Full Name of Mother, Mary Harrington
6. Mother's Maiden Name, Dare
7. Mother's Birthplace, Ball.
8. Full Name of Father, Georges Harrington
9. Father's Occupation Jeweller
10. Father's Birthplace, Ball

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 718 N. Carl Ave.

Remarks, 8930002903

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 10-20-54

RETURN OF A BIRTH 49671

CERTIFICATE CORRECTED 8-17-[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William George (~~George~~) Geisz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race)

3. Date of Birth, July 25, 1893 (~~Dec 1898~~)

4. Place of Birth, (Street and Number) 618 Gay St

5. Full Name of Mother, Fredrica (~~Geisz~~) Geisz

6. Mother's Maiden Name, Lamarty

7. Mother's Birthplace, Balt.

8. Full Name of Father, Peter (~~Geisz~~) Geisz

9. Father's Occupation, Baker

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 918 N. Central Ave.

Remarks, 0930002904

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 49677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 3 1893
4. *Place of Birth, (Street and Number)*	1020 E. Lombard St.
5. *Full Name of Mother,*	Mary Smith
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	Chas. L. Neer
Address,	1102 W. Lombard
Remarks,	1893000 2905

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Light Brown
3. Date of Birth, Aug 3 1893.
4. Place of Birth, (Street and Number) 713 N Durham Street Balto
5. Full Name of Mother, Mary A Jones
6. Mother's Maiden Name, Mary A Johnson.
7. Mother's Birthplace, Richmond Virginia
8. Full Name of Father, Charles Jones.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Fredericksburg Va

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Ann Foust 715 N Durham St.

18930002906

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 14674.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 3rd 1893
4. *Place of Birth, (Street and Number)* 423 Gilmor St
5. *Full Name of Mother,* Sarah Bates
6. *Mother's Maiden Name,* Collins
7. *Mother's Birthplace,* Queen Co Va
8. *Full Name of Father,* L. W. Bates
9. *Father's Occupation* Watchman
10. *Father's Birthplace,* Worcester Md

Name of Medical Attendant, or other person who makes this Return, Louisa Lane

Address, 600 Druid Hill Ave

Remarks, 1893000 2907 City

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 3 - 1893
4. Place of Birth, (Street and Number) 1507 Bank St.
5. Full Name of Mother, Caroline Repp
6. Mother's Maiden Name, Rathgeber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Repp
9. Father's Occupation Iron Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks, 8930002908

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49676.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 3/93
4. Place of Birth, (Street and Number) 28 ½ Madeira Alley
5. Full Name of Mother, Emma Reis
6. Mother's Maiden Name, " Heinz
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Reis
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 225 Lough alley

Remarks, 8 9 3 0 0

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	1714 Aug 3rd 1893
4. *Place of Birth, (Street and Number)*	1714 Hope st
5. *Full Name of Mother,*	Barbara Grisen
6. *Mother's Maiden Name,*	" Muller
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Daniel Grisen
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Greene
Address,	9441 Gay st
Remarks,	1893000 2910

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 146578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug. 4. 1893.

4. Place of Birth, (Street and Number) 1137 N. Carrollton Ave.

5. Full Name of Mother, Ivy B. Ballard Hartge

6. Mother's Maiden Name, "

7. Mother's Birthplace, Md.

8. Full Name of Father, James L. Ballard

9. Father's Occupation Printer

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Avenue

Remarks, 8930002911

month, and shall set forth as far as the same can be ascertained the full name of such child, (if any shall have been conferred) its sex, color, the full name and occupation in the form of a certificate between the birth and the birth; and the delivered, duly signed by the practitioner, or, in case the birth of any child office of the Coroner of midwifery, of the person or persons required, and every month to the Commissioner of Health, or should no other person be in attendance of a physician or practitioner at the birth within the period above required, and thereafter at the manner and without delay of this section shall be sub- without the mother, immediately of Health, in the provisions and forfeitures are recoverable upon the mother, Commissioner fail to comply with the other fines and upon such person or persons who shall hereafter fail to be recovered as offence, to for each offence, dollars (1) ten of the fine to be subjected

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 4/93.
4. Place of Birth, (Street and Number) 232 S. Duncan Alley
5. Full Name of Mother, Theresia Rendel
6. Mother's Maiden Name, not married
7. Mother's Birthplace, Balto.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wm. Driesbach

Address, 1893 0000 2225 Gough St.

Remarks,

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race) W

3. Date of Birth, 4 Aug.

4. Place of Birth, (Street and Number) 1016 Cal Ave

5. Full Name of Mother, Lizie Buck

6. Mother's Maiden Name, Leber

7. Mother's Birthplace, Balt. city

8. Full Name of Father, John Buck

9. Father's Occupation

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 918 N. Cal Ave.

Remarks,

8930002913

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 6 1895
4. Place of Birth, (Street and Number) 711 S. Chapel alley
5. Full Name of Mother, Mary Hall
6. Mother's Maiden Name, A. Droone
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Hall
9. Father's Occupation Blacksmith
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address,

Remarks, 8 9 3 0 0 0 2 9 2 5 Godah 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4963.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 6, 1898
4. *Place of Birth, (Street and Number)*	14 Paulls Lane
5. *Full Name of Mother,*	Lora Woodie
6. *Mother's Maiden Name,*	Lora Stumph
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Woodie
9. *Father's Occupation*	Butler
10. *Father's Birthplace,*	Richmond
Name of Medical Attendant, or other person who makes this Return,	M. R. Glasbey
Address,	213 E. Heath St.
Remarks,	1893 0000 2764 5 Well

Wm. J. C. Dulany Co., City Printers and Stationers.

A 4762

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 6 — 1893
4. Place of Birth, (Street and Number) 213 S. Exeter St.
5. Full Name of Mother, Mollie E. Yoekel
6. Mother's Maiden Name, Chenny
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Yoekel
9. Father's Occupation, Commission Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 1893000291 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 1968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 6th 1893

4. Place of Birth, (Street and Number) 1214 N Dallas st

5. Full Name of Mother, Elizabeth Busa

6. Mother's Maiden Name, " Bush

7. Mother's Birthplace, Balto

8. Full Name of Father, William Busa

9. Father's Occupation Moulder

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay st

Remarks,

893 0002917

months, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 7th 1893

4. Place of Birth, (Street and Number) 229 E Preach St

5. Full Name of Mother, Mary Brannan

6. Mother's Maiden Name, Mary Delaney

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thomas Brannan

9. Father's Occupation Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr R Cosby

Address, 219 E Preach St

Remarks, King Hill

1893000291

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14687.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 7th 1893
4. *Place of Birth, (Street and Number)* 14 South Washington St.
5. *Full Name of Mother,* Mary Isabel Schneider
6. *Mother's Maiden Name,* Taylor
7. *Mother's Birthplace,* St. Marys Co. Md.
8. *Full Name of Father,* Adam John Schneider
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, E. P. Stone M.D.

Address, 1835 E. Balto. St.

Remarks, Baby is named Marie Rebecca Schneider 3 0 0 0 2 9 1 9

The ... month, and shall set forth after as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

No. 4968.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* August 7th 1893.

4. *Place of Birth, (Street and Number)* No 235 Dr. Henry St

5. *Full Name of Mother,* Rosa A. Thornton

6. *Mother's Maiden Name,* " " Cabiste.

7. *Mother's Birthplace,* Baltimore Co.

8. *Full Name of Father,* Edward J. Thornton

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Annie Linder

Address, No 16 S. Monroe St.

Remarks, 1893000 2920

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 14689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Aug. 7 1893
4. *Place of Birth, (Street and Number)*	1130 W. Lombard St.
5. *Full Name of Mother,*	Adelia Jones
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	C. Shue
Address,	1130 W Lombard St.
Remarks,	

1693000029211

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 44640

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1. first.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Strictly pure white

3. Date of Birth, 8th day of Aug. 5 ¼ 5. am - 1893

4. Place of Birth, (Street and Number) 503 ½ Baker St. Cor Pennington Ave

5. Full Name of Mother, Laura Elizabeth Patterson - Garrigan

6. Mother's Maiden Name, " " Patterson.

7. Mother's Birthplace, York City Pennsylvania.

8. Full Name of Father, James Matthew Garrigan.

9. Father's Occupation Barkeeper & Hotel Manager

10. Father's Birthplace, Princeton New Jersey

Name of Medical Attendant, or other person who makes this Return, Mrs. Shaughnessy M.D.V.M.C.

Address, No 2 Cheverland Ave

Remarks, 721 to number and St

1 1 8 9 3 0 0 0 2 9 2 2

been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14691.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 8 1893

4. Place of Birth, (Street and Number) 418 E. Washington Ave.

5. Full Name of Mother, Mary Ford

6. Mother's Maiden Name, " Denny

7. Mother's Birthplace, Balto.

8. Full Name of Father, David Ford

9. Father's Occupation Tobacco

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dinsmore

Address, 1893 00 2359 23 High St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 49697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 8 - 1893
4. Place of Birth, (Street and Number) 1719 E Lombert St
5. Full Name of Mother, Sophia Hofmeister
6. Mother's Maiden Name, Trinkel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Hofmeister
9. Father's Occupation Store Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Rath St.

Remarks,

1893000 2924

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49693.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 8th 1893
4. Place of Birth, (Street and Number) 12 N. Ann. St
5. Full Name of Mother, Cecilia Ellinghaus
6. Mother's Maiden Name, Sauer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Fred. W. Ellinghaus
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 439 N. Central Ave.

Remarks,

1893000 2925

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GEO. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 49694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 9 1894.
4. Place of Birth, (Street and Number) 33 S. Washington str
5. Full Name of Mother, Maria J. Shinnick
6. Mother's Maiden Name, Parks
7. Mother's Birthplace, Balto
8. Full Name of Father, John H. Shinnick
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Wm. Deiser M.D.

Address, 2225 Gough St.

Remarks. 189300

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. B 49690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, July 2 1893
4. Place of Birth, (Street and Number) 1327 Hillmann st
5. Full Name of Mother, Mary Kelly
6. Mother's Maiden Name, Chaillou
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Kelly
9. Father's Occupation
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N Carl Ave.

Remarks, 1893 0002927

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 14696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 10th 1893.
4. *Place of Birth, (Street and Number)* N° 613 N. Ball st.
5. *Full Name of Mother,* Magdalen E. Thuman
6. *Mother's Maiden Name,* " J. " Frey.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Bernard J. Thuman.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Hamden Prussia.

Name of Medical Attendant, or other person who makes this Return: Louis Linder

Address, N° 16 S. Monroe st

Remarks,

1893000 2928

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. A 16697.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Name: Helene ~~Pauline~~ Bauer Third
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	August 10 1893
4. Place of Birth, (Street and Number)	608 Watertown Alley
5. Full Name of Mother,	Pauline Bauer
6. Mother's Maiden Name,	F. Kase
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Emil Bauer
9. Father's Occupation	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Marie E. Faltz M.D.
Address,	725 Mulberry Street
Remarks,	15930002929

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A-4698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 10 1893
4. Place of Birth, (Street and Number) 332 E Huntington
5. Full Name of Mother, Anza Knight
6. Mother's Maiden Name, Anza Dendas
7. Mother's Birthplace, DC
8. Full Name of Father, Alexander Knight
9. Father's Occupation Painter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison ave

Remarks, 893000 1930

(Two report was forgiven)

Wm. J. C. Dulany Co., City Printers and Stationers.

All persons having charge of any child at the time of its birth shall cause the same to be registered, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. 4/6/99.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 10th 98
4. *Place of Birth, (Street and Number)* 730 N Milton ave
5. *Full Name of Mother,* Augusta Emrich.
6. *Mother's Maiden Name,* Augusta Moog.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Louis Emrich.
9. *Father's Occupation,* Pattern maker.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Carlos True M.D.

Address, 921 N Paca st.

Remarks, 18930002931

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 49700.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City:

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 16, 98
4. Place of Birth, (Street and Number) 2020 E. Monument ste.
5. Full Name of Mother, Theresia Kiegger
6. Mother's Maiden Name, " Waibel
7. Mother's Birthplace, Germany
8. Full Name of Father, John A. Kiegger
9. Father's Occupation Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2252 Gough ste.

Remarks, 8 9 3 0 0 0 2 9 3 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 14701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 10 — 1893
4. Place of Birth, (Street and Number) 927 S. Register St.
5. Full Name of Mother, Mary E. Greely
6. Mother's Maiden Name, Cherry
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Greely
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Steine

Address, 427 E. Pratt St.

Remarks, 1893000293 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 149702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 10th Aug 1893

4. Place of Birth, (Street and Number) 749 E Madison st

5. Full Name of Mother, Mary E Conner

6. Mother's Maiden Name, nee Donohue

7. Mother's Birthplace, Ireland

8. Full Name of Father, Peter E Conner

9. Father's Occupation Carpenter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay st

Remarks, 16930002934

...; C. Dulany Co., City Printers and Stationers

...shall be set forth as far as the name can be ascertained, the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, month by month, to the office of the Commissioner of Health. In case the birth occurs in the practice of midwifery, or should no other person be in attendance at the birth of any child, it shall become the duty of the person or persons required, and third day of each and every month to the office of the Commissioner of Health, a certificate between the birth of any child shall occur without the attendance of a physician or it shall become the duty of the person or persons required, and shall occur upon the mother, immediately thereafter, in the manner and within the period above required. Such attendance upon the mother, immediately thereafter, in the manner and within the period above required. Such child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 11 93
4. Place of Birth, (Street and Number) 523 S. Chas. str.
5. Full Name of Mother, Emma Miller
6. Mother's Maiden Name, Dietrich
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Miller
9. Father's Occupation Clerk
10. Father's Birthplace, Williamsport. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Reisenberger

Address, 1930 E 235 Gough str

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 14904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 11 1903

4. Place of Birth, (Street and Number) 932 Curley str.

5. Full Name of Mother, Kathie Cook

6. Mother's Maiden Name, George

7. Mother's Birthplace, Balto.

8. Full Name of Father, Konrad Cook

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1225 Gough str.

Remarks, 8930002736

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 44005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Elizabeth C. Hohmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female).* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 11 93
4. *Place of Birth, (Street and Number)* 603 S. Castle str.
5. *Full Name of Mother,* Wilhelmina (Hohmann Hochmann)
6. *Mother's Maiden Name,* Borgmann
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Peter Hochmann
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8930002937

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 14906.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Aug 1, 1893.
4. *Place of Birth, (Street and Number)*	1152 Lombard St.
5. *Full Name of Mother,*	Susan Wilson
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	Chas. J. Klein
Address,	1150 Lombard St
Remarks,	

B 9300002938

Said schedule shall be delivered duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Aug. 12. 1893.
4. Place of Birth, (Street and Number)	214 Dolphin St
5. Full Name of Mother,	Catharine W. Carr
6. Mother's Maiden Name,	Keely
7. Mother's Birthplace,	Va.
8. Full Name of Father,	N. J. Carr
9. Father's Occupation	Policeman
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	G Lane Taneyhill
Address,	1103 Madison Avenue
Remarks,	

693000 7 3 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child; its sex, color, the full name and occupation of its parents, the date and place of birth, and the time when registered. Such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 12 98

4. Place of Birth, (Street and Number) 1436 S. Patterson Park Ave

5. Full Name of Mother, Barbara Vogel

6. Mother's Maiden Name, Detzel

7. Mother's Birthplace, Balto.

8. Full Name of Father, Frank Vogel

9. Father's Occupation Carpenter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Reisenleiter

Address, 1436 Patterson Park Ave

Remarks, Daughter.

T 89300 2223 20

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 8-12-57

RETURN OF A BIRTH.

49709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Gertrude ~~———~~ Lachkofsky

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 12 — 1893
4. Place of Birth, (Street and Number) 250 S. Caroline St.
5. Full Name of Mother, Henriette Lachkofsky
6. Mother's Maiden Name, Tiebner
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm. Lachkofsky
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 1427 E Pratt St

Remarks,

8930002941

month, and shall set forth as far as the same can be ascertained the full name of each child born under his or her care during the said month, and shall set forth as far as the same can be ascertained the full name of each child born under his or her care during the been confined; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A-4970.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Female 1st.
1. Sex, (state whether male or female)	White
2. Race or Color, (if not of the white race)	~~Aug 12th~~ 1893 White
3. Date of Birth,	Aug. 12th 1893
4. Place of Birth, (Street and Number)	1923 E. Pratt St.
5. Full Name of Mother,	Henrietta L. Bell
6. Mother's Maiden Name,	Burgess
7. Mother's Birthplace,	North Carolina
8. Full Name of Father,	Charles R. Bell
9. Father's Occupation	Book Keeper
10. Father's Birthplace,	Balto. City
Name of Medical Attendant, or other person who makes this Return,	E. P. Thomas M. D.
Address,	1825 E. Balto. St.
Remarks,	

8930002942

...; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 49711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 17th
4. *Place of Birth, (Street and Number)* 115 W. Lombard St
5. *Full Name of Mother,* Bettie Lear
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* W. Va
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. D. Nice

Address, 115 W. Lombard St.

Remarks,

1893 0002943

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 149717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 August
4. Place of Birth, (Street and Number) 2123 Chase st
5. Full Name of Mother, Maggie Rosenstein
6. Mother's Maiden Name, Muller
7. Mother's Birthplace, Balt.
8. Full Name of Father, Adam Rosenstein
9. Father's Occupation, Gent.
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N Eut St.

Remarks, 8930002944

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered monthly to the office of the Commissioner of Health. In case no other person or parents of such third day without the attendance of a physician or practioner of reid the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur upon the mother, Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 14713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 tes Kind

1. Sex, (state whether male or female) Knabe
2. Race or Color, (if not of the white race)
3. Date of Birth, 19 August
4. Place of Birth, (Street and Number) 1303 E Druid Str
5. Full Name of Mother, Bettie Berman
6. Mother's Maiden Name, Europa
7. Mother's Birthplace, E Moses Berman
8. Full Name of Father, Schneider
9. Father's Occupation Europa
10. Father's Birthplace, E

Name of Medical Attendant, or other person who makes this Return, Lina Handler

Address, 1107 E Druid Str

Remarks, 18930002645

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49714.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 13 93
4. Place of Birth, (Street and Number)	926 Hanford Ave
5. Full Name of Mother,	M. Colenson
6. Mother's Maiden Name,	M. Boyle
7. Mother's Birthplace,	Ireland.
8. Full Name of Father,	P. Colenson
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	726 E. Preston St
Remarks,	1893 0002946

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the practitioner in the form of a certificate the birth of any be in said schedule shall be delivered, duly signed by the Commissioner of Health. In case no other person or parents of such third day of each and every month to a physician or midwife, or shall become and within the period above required, such shall occur without the mother, immediately thereafter, in the manner and provisions of this section shall be attendance upon birth to the Commissioner of Health, to comply with the other fines and forfeitures are recoverable child to report its any such person or persons who shall hereafter fail to be recovered as jected to the fine of ten (10) dollars for each offence, to

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 1495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Aug. 13th
4. *Place of Birth, (Street and Number)*	115 W. Lombard St
5. *Full Name of Mother,*	Susan Callis
6. *Mother's Maiden Name,*	Do
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Chas. S. Neer 1132 W. Lombard St
Address,	
Remarks,	1893000299417

The full name and occupation of the parents, the date and place of birth; and the name and address of the practitioner in the form of a certificate between the first and second pages hereof, shall be delivered, duly signed by the practitioner in charge of the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49716.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 13. 1903
4. *Place of Birth, (Street and Number)* 115 W. Lombard St
5. *Full Name of Mother,* Florence Decker.
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, Chas L. Mee

Address, 115 W. Lombard St

Remarks,

8 9 3 0 0 0 2 9 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4977.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 11 1903
4. Place of Birth, (Street and Number) 2820 Boston ave.
5. Full Name of Mother, Elise Ulbricht
6. Mother's Maiden Name, Klein
7. Mother's Birthplace, Germany
8. Full Name of Father, William Ulbricht
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dennerlein

Address, 2225 Gough St.

Remarks, 6 9 3 0 0 0 2 9 9 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 12
4. Place of Birth, (Street and Number) 821 Calvert Road
5. Full Name of Mother, Kate Morris
6. Mother's Maiden Name, Kate Galvin
7. Mother's Birthplace, Scranton Pennsylvania
8. Full Name of Father, John Morris
9. Father's Occupation, Slate Maker
10. Father's Birthplace, Wales

Name of Medical Attendant, or other person who makes this Return, Mary I Peregoy

Address, 2817 Lanvale st

Remarks,

1893000 7950

WM J D DULANY CO CITY PRINTERS AND STATIONERS

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) 6y
2. Race or Color, (if not of the white race)
3. Date of Birth, 1st August
4. Place of Birth, (Street and Number) 1012 Cent Ave.
5. Full Name of Mother, Helene Vanhausen
6. Mother's Maiden Name, Hoffmann
7. Mother's Birthplace, Hessen
8. Full Name of Father, John Vanhausen
9. Father's Occupation Gaslr.
10. Father's Birthplace, Anna Weber

Name of Medical Attendant, or other person who makes this Return,

Address, 928 N. Cent Ave.

Remarks, 1893000295 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14970.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	girl
2. Race or Color, (if not of the white race)	
3. Date of Birth,	15 August
4. Place of Birth, (Street and Number)	1014 Eager st
5. Full Name of Mother,	Anna Bobelmeyer
6. Mother's Maiden Name,	Bauer
7. Mother's Birthplace,	Balt.
8. Full Name of Father,	Louis Bobelmeyer
9. Father's Occupation	
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other person who makes this Return,	Anna Walter
Address,	918 N Chas,
Remarks,	

1893000 2952

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIR

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	16th Aug 1893
4. Place of Birth, (Street and Number)	603 E Madison st
5. Full Name of Mother,	Mary Quigley
6. Mother's Maiden Name,	" Young
7. Mother's Birthplace,	New York
8. Full Name of Father,	Thomas Quigley
9. Father's Occupation	Railroadman
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Broome
Address,	944 N Gay st
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Leslie~~ Rockwell Harrison

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 16, 1893
4. Place of Birth, (Street and Number) 1445 Mount st
5. Full Name of Mother, Mary Lelia Harrison
6. Mother's Maiden Name, Mary Lelia Rockwell
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, David Lewis Harrison
9. Father's Occupation, Druggist Store
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. Lovedale

Address, 2847

Remarks, GIVEN NAME ADDED. 2-25-53

1893000753

BY J. G. GLASS & CO. CITY PRINTERS AND STATIONERS.

The full name of each child, of any shall have been conferred, shall be delivered, to the office of the practitioner in the Health. In case no other person he is required by the Commissioner of Health, to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

A 44773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 16 — 1893
4. Place of Birth, (Street and Number) 1715 William H.
5. Full Name of Mother, Annie Brandt
6. Mother's Maiden Name, Bremer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Wm Brandt
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Balt St.

Remarks,

B 9 3 0 0 0 2 9 5 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16 98
4. Place of Birth, (Street and Number) 1116 E. Lombard st.
5. Full Name of Mother, Mary A. McElia
6. Mother's Maiden Name, Golden
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick W. McElia
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Reinecker

Address, 225 Gough St.

Remarks, 1899 00

...

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-49738.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	16th Aug 1893
4. *Place of Birth, (Street and Number)*	2539 Oliver st
5. *Full Name of Mother,*	Jessie Holt
6. *Mother's Maiden Name,*	" Linsay
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Rosslee Holt
9. *Father's Occupation*	Stove keper
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Galie Groome
Address,	944 N Bay st
Remarks,	1893000029 56

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

4977 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 18th 1893
4. Place of Birth, (Street and Number) 416 N. Broadway
5. Full Name of Mother, Mary A. Simpson
6. Mother's Maiden Name, Mc. Tagert
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Frank W. Simpson
9. Father's Occupation, Tinner
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Francis A. Sause M. D.

Address, 439 N. Central Ave.

Remarks,

1893000 2957

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 49777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 18 1893
4. Place of Birth, (Street and Number) 111 Elizabeth ave
5. Full Name of Mother, Lizzie Ratfold
6. Mother's Maiden Name, Lizzie Roberts
7. Mother's Birthplace, England
8. Full Name of Father, John Ratfold
9. Father's Occupation Turner
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return Dr R. Geasley

Address, 213 E Heath st

Remarks, King Hall

1893000299

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49728.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 18 1893
4. Place of Birth, (Street and Number) 19 N. Carlington Ave.
5. Full Name of Mother, Katie Holz
6. Mother's Maiden Name, Schad
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Paul Holz
9. Father's Occupation Upholsterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Fraklin St.

Remarks. 1893 0002959

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH.

A 149779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 11 93
4. *Place of Birth, (Street and Number)*	818 Strawberry Str.
5. *Full Name of Mother,*	Louise Weiskittel
6. *Mother's Maiden Name,*	" Heine
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Fred. Weiskittel
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	
Address,	Mrs. Eisenhofer
Remarks,	1893 2225 Baughman Str.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Col
3. Date of Birth,	18th Aug 1893
4. Place of Birth, (Street and Number)	814 N Spring st
5. Full Name of Mother,	Mary E Perry
6. Mother's Maiden Name,	" Dommerell
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Edward Perry
9. Father's Occupation	Teamster
10. Father's Birthplace,	Balto Co
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	944 N Gay st
Remarks,	

18930002961

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 19231.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. August 30 1893
4. Place of Birth, (Street and Number) 1210 West St
5. Full Name of Mother, Emma Woodey
6. Mother's Maiden Name, Emma Driery
7. Mother's Birthplace, Balty
8. Full Name of Father, Charles Woodey
9. Father's Occupation Laborer
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Chas R. Haskell M.D.

Address, 413 E. Fayette

Remarks, 1893 0002962 Hang Nail

Wm. J. C. Dulany Co., City Printers and Stationers.

...ance upon birth to the Commissioner of Health, in the manner provided by the rules and regulations of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person or parent of such child to report its

RETURN OF A BIRTH. A 49137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 21 98
4. Place of Birth, (Street and Number) 2216 Portiers Court
5. Full Name of Mother, Mary Wengels
6. Mother's Maiden Name, Mueller
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Wengels
9. Father's Occupation, Steamfitter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dierenbeck

Address, 693 N 22nd St.

Remarks, Aug 28

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 21 / 98
4. Place of Birth, (Street and Number) 1751 E. Pratt st.
5. Full Name of Mother, Lina
6. Mother's Maiden Name, Friedman
7. Mother's Birthplace, Germany
8. Full Name of Father, Gus Ott
9. Father's Occupation Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Rosenhoff

Address, 1225 Gough st.

Remarks, 1 1 6 9 3 0 0 0 2 9 6 4

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7, Child

1. Sex, (state whether male or female) w female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 of august No 310

4. Place of Birth, (Street and Number) Baltimore No Hanover st

5. Full Name of Mother, Elizth Ralph Ehlar

6. Mother's Maiden Name, Pendleman

7. Mother's Birthplace, John Hopkins

8. Full Name of Father, Carpenter

9. Father's Occupation, Washington

10. Father's Birthplace, Mrs Schaefly

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Mrs Mary Dunbarton 731 Lombard st 65

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 49735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 24 1893
4. *Place of Birth, (Street and Number)*	1049 Compton St.
5. *Full Name of Mother,*	Thrija Gall
6. *Mother's Maiden Name,*	Mary Annie Ilenburg
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Wald
9. *Father's Occupation*	Cooper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. R. Gaskey
Address,	913 E Read St
Remarks,	Mong Well

6 9 3 0 0 0 2 9 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 22 — 1893
4. Place of Birth, (Street and Number) 2233 E. Fayette St.
5. Full Name of Mother, Kathe Stern
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. Stern
9. Father's Occupation, Glass Fitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1827 E. Pratt St.

Remarks, 1893 00029967

month, and shall set forth as far as the same can be ascertained, the full name of such child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child born alive or dead, and the sex or color of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	August 22nd 1893
4. *Place of Birth, (Street and Number)*	No 1212 N. Lexington St.
5. *Full Name of Mother,*	Maggie Schmidstein
6. *Mother's Maiden Name,*	"J". Franz.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Fred Schmidstein
9. *Father's Occupation*	Butcher.
10. *Father's Birthplace,*	Middletown.
Name of Medical Attendant, or other person who makes this Return,	Daniel Linden
Address,	No 6 S. Howard St.
Remarks,	1893 0002968

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Aug. 22, 1893
4. *Place of Birth, (Street and Number)*	1908 Greenmount Ave.
5. *Full Name of Mother,*	Bessie K. Gees
6. *Mother's Maiden Name,*	" Dunigan
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Wm. F. Gees
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	G. Lane Taneyhill
Address,	1103 Madison Avenue
Remarks.	Breach presentation, delivered alive without chloroform

0000002969

...C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 9-29-58

RETURN OF A BIRTH. A 49739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas J. Ford

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 22/98
4. Place of Birth, (Street and Number) 1230 E. Washington st.
5. Full Name of Mother, Mary Ford
6. Mother's Maiden Name, Nevitt
7. Mother's Birthplace, England
8. Full Name of Father, Nicholas Ford
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Eisenhofer

Address, 2227 Gough st.

Remarks, 1893000

Wm. J. C. Dulany Co., City Printers and Stationers.

A 49740

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 22nd Aug 1893
4. Place of Birth, (Street and Number) 2044 Frederick st
5. Full Name of Mother, Mary Wittgrefe
6. Mother's Maiden Name, Mandle
7. Mother's Birthplace, Balto
8. Full Name of Father, William Wittgrefe
9. Father's Occupation Brewman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 1944 Gay st

Remarks, 8930002971

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been scheduled shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child, day of each and every month to the Commissioner of Health, in the manner and within the period above required, and attendance upon birth to the Commissioner of fail to comply with the provisions of this section shall be sub- called to report its or persons who shall hereafter jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter

RETURN OF A BIRTH. A 49741.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 of

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) W

3. Date of Birth, 23 Aug.

4. Place of Birth, (Street and Number) 1200 Hoffman st

5. Full Name of Mother, Clara Crawford

6. Mother's Maiden Name, Hasselhall

7. Mother's Birthplace, Balt.

8. Full Name of Father, George Crawford

9. Father's Occupation, Butcher

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Eut st.

Remarks, 1893000297 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49747.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 23/03
4. Place of Birth, (Street and Number) 2200 Gough st.
5. Full Name of Mother, Maggie Tracy
6. Mother's Maiden Name, L. Fagyhan
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles L. Tracy
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address,

Remarks, 6 9 3 0 0 0 2 9 7 3

Wm. J. C. Dulany Co., City Printers and Stationers

CERTIFICATE CORRECTED 3-29-51

RETURN OF A BIRTH. 49743.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Alberta Regina
1. Sex, (state whether male or female)	Female Bradyhouse
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Aug 23 — 1893
4. Place of Birth, (Street and Number)	1016 Fawn St.
5. Full Name of Mother,	Anna K. ~~Bradyhouse~~ Bradyhouse
6. Mother's Maiden Name,	Lotte Bradyhouse
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Richard G. ~~Bradyhouse~~ Bradyhouse
9. Father's Occupation	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return	Mary Stein
Address,	1426 E. Pratt St.
Remarks,	1893 0002974

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 23 August, 1893
4. Place of Birth, (Street and Number) Hull st. 1410
5. Full Name of Mother, Mamie Hildebrand.
6. Mother's Maiden Name, " Fitzsimons
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Hildebrand
9. Father's Occupation, Laboar
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Katherine Myers.

Address, Hull st. 1331 Lorus Point.

Remarks, 1 6 9 3 0 0 0 2 9 7 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49745.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race)

3. Date of Birth, 24 Aug.

4. Place of Birth, (Street and Number) 911 Hanover

5. Full Name of Mother, Anna Bacalogue

6. Mother's Maiden Name, Petri

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Bacalogue

9. Father's Occupation Bell

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 918 N. Calvert

Remarks, 8930002976

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 49746.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24 August
4. *Place of Birth, (Street and Number)* 1107. Cookie st.
5. *Full Name of Mother,* Augusta Riesler
6. *Mother's Maiden Name,* Kaminzkie
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fritz Riesler
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1331. Lloyd st.

Remarks,

0930002977

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

Aug 1893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 25, 1893
4. Place of Birth (Street and Number),	1213 Sargeant St
5. Full Name of Mother,	Josephine Byron
6. Mother's Maiden Name,	" Hamilton
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Chas Byron
9. Father's Occupation,	Driver
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	H. E. Griffith M.D.
Address,	3233 10th St.
Remarks,	

1893000029 78

and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been born alive, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimore Publishing Co. (CR) Printers and Stationers.

RETURN OF A BIRTH. A 49748.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 23 1893
4. *Place of Birth, (Street and Number)*	1021 N. Wolf Stuet Baltimore Md
5. *Full Name of Mother,*	Kate A Christina Seward.
6. *Mother's Maiden Name,*	Kate Albertina Young
7. *Mother's Birthplace,*	1635 Miller Stuet Baltimore Md
8. *Full Name of Father*	Theodore Stuart Seward.
9. *Father's Occupation*	Packer Commission Merchant
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Aloisia Sinlan
Address,	1010 Durham st Baltimore
Remarks,	1893 0002979

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation, of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 149 09

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 2, 1893

4. Place of Birth, (Street and Number) 2036 McCulloh St

5. Full Name of Mother, Anna Morris

6. Mother's Maiden Name, Anna Steffens

7. Mother's Birthplace, Italy

8. Full Name of Father, Wm Morris

9. Father's Occupation Salesman

10. Father's Birthplace, U.S.A.

Name of Medical Attendant, or other person who makes this Return, A C Polk

Address, 2038 Maryland Ave

Remarks, 0 3 0 0 0 2 9 8 0

...certificate delivered, duly signed by the practitioner in the form of a certificate between the first and ... of each and every month to the office of the Commissioner of Health. In case no other person be in ... without the attendance of a physician or midwife, or should no other person or parents of such ... case upon the mother, immediately thereafter, it shall become the duty of the person or parents required, and ... report its birth to the Commissioner of Health. In the manner and within the period above required, and ... persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 49910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 25th Aug 1893
4. Place of Birth, (Street and Number) 813 Willow st
5. Full Name of Mother, Annie Logue
6. Mother's Maiden Name, " Kelley
7. Mother's Birthplace, Irland
8. Full Name of Father, James Logue
9. Father's Occupation Laborer
10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Broome

Address, 944 N Gay st

Remarks,

1893000298 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 11497 31

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 26/93.
4. *Place of Birth, (Street and Number)*	Eutaw House
5. *Full Name of Mother,*	Minnie C. Stokes
6. *Mother's Maiden Name,*	Geese
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Sylvanus Stokes
9. *Father's Occupation*	Hotel Keeper
10. *Father's Birthplace,*	Va.
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie M.D
Address,	719 W Monument St
Remarks,	1893 0002982

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

4497 V.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of such midwife, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 26 1893
4. *Place of Birth, (Street and Number)*	606 W. Lafayette ave
5. *Full Name of Mother,*	Matilda Badger
6. *Mother's Maiden Name,*	Jones
7. *Mother's Birthplace,*	Baltimore Co Md.
8. *Full Name of Father,*	Augustus Badger
9. *Father's Occupation*	Dentist
10. *Father's Birthplace,*	Charleston S. C.
Name of Medical Attendant, or other person who makes this Return,	Theodore Foster M.D.
Address,	914 N. Charles St.
Remarks,	

1893000 2983

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 49753.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 26/98
4. Place of Birth, (Street and Number) 1819 E. Lombard st.
5. Full Name of Mother, Kathie Wingate
6. Mother's Maiden Name, Condley
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Wingate
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deitzenhofer

Address, 2225 Loudon st

Remarks, 1 0 9 3 0 0 0 2 9 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 11922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 26, 1893

4. Place of Birth, (Street and Number) 5 Heath St.

5. Full Name of Mother, Annie Linden

6. Mother's Maiden Name, Annie Modest

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Conrad Linden

9. Father's Occupation Bar keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. R. Caskey

Address, 2136 Heath St.

Remarks, Hoing Bill

693002985

month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date of birth, first and full name of each child, if any, and the date, the date, separate between the birth of any child whose birth shall not have been conferred; its sex, color, the full name by the Coroner of the City, this section shall be delivered, duly sixth office of practitioner in the form of Health, in the manner provided by the Board of Health. In case the father is dead, no other person or parent, and shall cause with the mother, immediately after the birth, to report in the Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence.

Wm. J. C. Dulany Co., City Printers and Stationers

A 447.33

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 26 93
4. Place of Birth, (Street and Number)	904 McKim St.
5. Full Name of Mother,	Margaret Mc Guire
6. Mother's Maiden Name,	" Mulrine
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Patrick McGuire
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return,	J H Robinson MD
Address,	726 S. Preston St
Remarks,	8930002986

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th,

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 26th, 1893
4. Place of Birth, (Street and Number) Vonderhorst Lane
5. Full Name of Mother, Anna Brown
6. Mother's Maiden Name, Snyder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry D. Brown
9. Father's Occupation, Lamplighter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Schmidt

Address, 1720 N. Collington Ave. City

Remarks, Twins

8930002987

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A. 49517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 26. August.

4. Place of Birth, (Street and Number) 1215 Cocktail St.

5. Full Name of Mother, A. Hedwig Klotz

6. Mother's Maiden Name, Kunz

7. Mother's Birthplace, Laibsen

8. Full Name of Father, R. Fritz Klotz

9. Father's Occupation Laborer.

10. Father's Birthplace, Laibsen

Name of Medical Attendant, or other person who makes this Return, Katherine Mason.

Address, 1331 Lewis St.

Remarks,

8930002988

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49758.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 27 1893

4. Place of Birth, (Street and Number) 22 d. Spring St.

5. Full Name of Mother, Martha Schultz

6. Mother's Maiden Name, Wichmann

7. Mother's Birthplace, Germany

8. Full Name of Father, Conrad Schultz

9. Father's Occupation carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address 1427 E Fait St.

Remarks.

8930002989

Wm. J. C. Dulany Co., City Printers and Stationers

Contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the date and place of birth, and the sex, color, the full name and occupation of the parents, the date and place of birth, and the sex, color, the full name and occupation of the parents, the date and place of birth, and the sex, color,

RETURN OF A BIRTH. A 149459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 27 1893
4. Place of Birth, (Street and Number) 1211 East ave.
5. Full Name of Mother, Mary A. Weber
6. Mother's Maiden Name, " " Schall
7. Mother's Birthplace, Balto.
8. Full Name of Father, Martin Weber
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Linsenbigler

Address, 1893 Gough ste

Remarks, 1893 0002990

Wm. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49760.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race) W

3. Date of Birth, 28 Aug.

4. Place of Birth, (Street and Number) 1230 Hoof Av.

5. Full Name of Mother, Rosie Schuely

6. Mother's Maiden Name, = Jaeger

7. Mother's Birthplace, Germany

8. Full Name of Father, Henri Schuely

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Geneva Watts

Address, 718 S. Carl Av.

Remarks, 8930002991

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A49701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 August
4. Place of Birth, (Street and Number) 1004 Carlton
5. Full Name of Mother, Anna Loher
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Penn.
8. Full Name of Father, John Loher
9. Father's Occupation Ball
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Anna Weller

Address, 921 N Gay St.

Remarks,

8930002992

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born of her care during the said schedule shall be delivered, duly signed by the practitioner or of its parents, the date and place of birth; and the shall occur without the attendance of a physician or practitioner of medicine, in case the birth of any child child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 149767.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 28 1893
4. *Place of Birth, (Street and Number)*	218 Williams St.
5. *Full Name of Mother,*	Mary Louise
6. *Mother's Maiden Name,*	Mary Easley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Louise
9. *Father's Occupation*	Moulder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. R. Easley
Address,	213 E. Pratt St
Remarks,	Living Well

8 9 3 0 0 0 2 9 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 149163

GIVEN NAME ADDED. 10-11-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian Anna Henry 1st Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 28th 1893
4. Place of Birth, (Street and Number) 1735 E. Preston St.
5. Full Name of Mother, Katie Henry
6. Mother's Maiden Name, Mueller
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Harry Henry
9. Father's Occupation, Mfg Fruit Preserves
10. Father's Birthplace, Lunenburg Pa. U.S.

Name of Medical Attendant, or other person who makes this Return, Grace A. Dame M.D.

Address, 439 N. Central Ave.

Remarks, 893000294

month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or place of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the time by this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-13-58

RETURN OF A BIRTH. A 149764.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 28 93.
4. Place of Birth, (Street and Number)	1108 Barclay St.
5. Full Name of Mother,	A. Price
6. Mother's Maiden Name,	" Younger
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Jas. Price
9. Father's Occupation,	Book Keeper
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	726 E. Preston St
Remarks,	8930002995

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 1496 65.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 29 — 1893
4. Place of Birth, (Street and Number) 1422 Gough St.
5. Full Name of Mother, Lizzie Raye
6. Mother's Maiden Name, Elliott
7. Mother's Birthplace, Virginia
8. Full Name of Father, Louis B. Raye
9. Father's Occupation Floor-Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return Mary Stein

Address, 1427 E Pratt St.

Remarks,

8930002996

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. Har 66.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	August 20 1866
4. *Place of Birth, (Street and Number)*	136 Waterman's Court
5. *Full Name of Mother,*	Kate Reuschling
6. *Mother's Maiden Name,*	K. Baker
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Fred Reuschling
9. *Father's Occupation*	Lacquer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	M. C. Galvitzer M. D.
Address,	725 Mulberry st
Remarks,	

1893 0002997

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-25-55

RETURN OF A BIRTH. A 19767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Herman Riehl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 29/95
4. Place of Birth, (Street and Number) 1909 Orleans St.
5. Full Name of Mother, Elise Riehl
6. Mother's Maiden Name, Kaiser
7. Mother's Birthplace, Germany
8. Full Name of Father, Rudolph Riehl
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm. Duzenhofer

Address, 225 Gough St.

Remarks, 8930002998

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-7-56

A 49768.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Henry Karnman III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 29 1918
4. Place of Birth, (Street and Number) 2269 Eastern Ave.
5. Full Name of Mother, Augusta Karnman
6. Mother's Maiden Name, Kleiner
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Ehrman
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mrs Dorothy Gallagher

Address, 2275

Remarks, 8930002999

...shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Board hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 149769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 29 — 1893

4. Place of Birth, (Street and Number) 426 S. Caroline St

5. Full Name of Mother, Mary E. Haskin

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Haskin

9. Father's Occupation Laborer

10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return, Mary Stine

Address, 1427 E Pratt St

Remarks, 1893000 3000

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 49770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 29/93
4. *Place of Birth, (Street and Number)*	726 North ave
5. *Full Name of Mother,*	Amelia Boring
6. *Mother's Maiden Name,*	Schier
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John H. Boring
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie
Address,	219 N Monument St
Remarks,	1893 0003001

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-9-56

RETURN OF A BIRTH. A 49771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Aug 29 - 1893
4.	*Place of Birth, (Street and Number)*	1743 Carlisle Place
5.	*Full Name of Mother,*	Ella G. Cleary
6.	*Mother's Maiden Name,*	" " Cohen
7.	*Mother's Birthplace,*	Charleston S.C.
8.	*Full Name of Father,*	Martin G. Cleary
9.	*Father's Occupation,*	Painter
10.	*Father's Birthplace,*	Washn D. C.
	Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
	Address,	1519 Broadway
	Remarks,	1893000030002

WM. J. D. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 49972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* August 30

4. *Place of Birth, (Street and Number)* 413 Patapsco St

5. *Full Name of Mother,* Katie Hunt

6. *Mother's Maiden Name,* Talby

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Market Hunt

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs M. Manning

Address,

Remarks, 8930003003

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. E 49773.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	August 30
4. *Place of Birth, (Street and Number)*	417 Lexington St. Rear
5. *Full Name of Mother,*	" " "
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Thomas Starkey
8. *Full Name of Father,*	Hulchar
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	Mary Mary Harry
Name of Medical Attendant, or other person who makes this Return.	Dr.
Address,	419 Lexington St.
Remarks,	8 9 3 0 0 0 3 0 0 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 31st 98
4. Place of Birth, (Street and Number) 1411 E. Register.
5. Full Name of Mother, Mary Strohecker
6. Mother's Maiden Name, Schell
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Strohecker
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diemenhofer

Address, 2005

Remarks, 8930003005 Daughter

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-21-58

RETURN OF A BIRTH. A 4977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 ll
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 20 93
4. Place of Birth, (Street and Number)	111 E. Wolf Str.
5. Full Name of Mother,	Mary Thimm
6. Mother's Maiden Name,	Bail
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	John Thimm
9. Father's Occupation	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Eisenlohr
Address,	
Remarks,	8 9 3 0 0 0 3 2 0 6 Gonghon

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 19776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 30 98

4. Place of Birth, (Street and Number) 2426 Eastern Ave.

5. Full Name of Mother, Wilhelmina Schluderberg

6. Mother's Maiden Name, Bucker

7. Mother's Birthplace, Balto.

8. Full Name of Father, Henry Schluderberg

9. Father's Occupation Butcher

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr Brantley E. Thos Dieffenbacher.

Address, 2426 Eastern Ave

Remarks, (Born at Home)

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. No. 49777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 to child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, August 30th 1893
4. Place of Birth, (Street and Number) 113 Vincent St.
5. Full Name of Mother, Catherine Hauck.
6. Mother's Maiden Name, Stein.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Heinz August Hauck.
9. Father's Occupation Laborer
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Penn. Lindner
Nicholas Stevens M.D.

Address,

Remarks, 893000 3008

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A-49778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 30th 93.
4. *Place of Birth, (Street and Number)*	1014 W. North ave.
5. *Full Name of Mother,*	Hamit Sanborn
6. *Mother's Maiden Name,*	Pierce
7. *Mother's Birthplace,*	Lancaster, Mass.
8. *Full Name of Father,*	Edward H. Sanborn.
9. *Father's Occupation*	Journalist
10. *Father's Birthplace,*	Newton, Mass.
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M. D.
Address,	219 W. Monument St.
Remarks,	

1893000 3009

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. A 49779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 30, 1893
4. *Place of Birth, (Street and Number)* 513 S. Green St
5. *Full Name of Mother,* Anna Lucretia Biddle
6. *Mother's Maiden Name,* Anna Lucretia Jackson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Grant Ellsworth Biddle
9. *Father's Occupation,* Public School Teacher
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Willie Gross

Address, 17 Hunden St

Remarks,

1893000030 10

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 49780.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	30th Aug 1893
4. *Place of Birth, (Street and Number)*	817 N Bond st
5. *Full Name of Mother,*	Virginie Bidlingmyer
6. *Mother's Maiden Name,*	" Gill
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John H Bidlingmyer
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	944 N Gay st
Remarks,	

0930003011

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, to whom it has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 249781.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	August 4
4. *Place of Birth, (Street and Number)*	1128 Stockholm St
5. *Full Name of Mother,*	Florence Estelle
6. *Mother's Maiden Name,*	" Smith
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Henry Estelle
9. *Father's Occupation*	Wood Finisher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. M. Thompson
Address,	112 Scott St
Remarks,	8930003012

Wm. J. C. Dulany Co., City Printers and Stationers.

A 49787

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 te

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 Aug August 1893
4. *Place of Birth, (Street and Number)* Hanover St N 1043
5. *Full Name of Mother,* Mary Hart
6. *Mother's Maiden Name,* Dirbert
7. *Mother's Birthplace,* Germanien
8. *Full Name of Father,* Jacob Hart
9. *Father's Occupation* Work Mann
10. *Father's Birthplace,* Germanien

Name of Medical Attendant, or other person who makes this Return.

Address, Hanover Railway Fort Eby N 834

Remarks, 893000 3013

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 149783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 19 - 1853

4. Place of Birth, (Street and Number) # 824 Hare st

5. Full Name of Mother, Florany Walgen

6. Mother's Maiden Name, Hack

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Walgen

9. Father's Occupation, teamster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah F Warrington

Address, # 824 Binney st

Remarks, 8930003014

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 149782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 31/93.
4. *Place of Birth, (Street and Number)*	129. N. Washington ave.
5. *Full Name of Mother,*	Annie M. Meisel
6. *Mother's Maiden Name,*	Koenig
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Geo. Meisel
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Deisenhofer
Address,	324 Gough st.
Remarks,	8930006 3245

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 49785.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 21/98.
4. Place of Birth, (Street and Number) N. Castle Str. 26.
5. Full Name of Mother, Mary Dinklein
6. Mother's Maiden Name, V. Oelze
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Dinklein
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dinkelspiel

Address,

Remarks, 0930003016

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 4986.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 31
4. *Place of Birth, (Street and Number)* Forest st 301
5. *Full Name of Mother,* Rena Applebaum
6. *Mother's Maiden Name,* Rena Oppenheimer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Harry Applebaum
9. *Father's Occupation* Agent
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Schumann

Address, 404 South Bond st

Remarks, 1893000301 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 49787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 31/93
4. Place of Birth (Street and Number),	1108 Carroll St.
5. Full Name of Mother,	Mary J. Warren
6. Mother's Maiden Name,	E. Cargill
7. Mother's Birthplace,	New York
8. Full Name of Father,	Chas. Warren
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Cuba
Name of Medical Attendant, or other person who makes this Return.	H. C. Knight M.D.
Address,	523 Scott St.
Remarks,	

1893 0003018

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, and the full name, sex, color, the full name and residence in the form of a certificate between the first and third day of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., Cable Printers and Stationers.

RETURN OF A BIRTH. A 49788.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 1st 1893
4. Place of Birth, (Street and Number) 2220 E. Biddle
5. Full Name of Mother, Maggie Kraft
6. Mother's Maiden Name, Carr
7. Mother's Birthplace, Ireland
8. Full Name of Father, Harry Kraft
9. Father's Occupation, Conductor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Geo. P. Reynolds M.D.

Address, 711 W Calvert Street.

Remarks, 8930003019

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Aug 4 '93
4.	*Place of Birth, (Street and Number)*	669 W Fayette
5.	*Full Name of Mother,*	Mrs Olive Dawkins ~~Mrs. Olive Dawkins~~
6.	*Mother's Maiden Name,*	" Sindall "
7.	*Mother's Birthplace,*	Balto.
8.	*Full Name of Father,*	Herbert Dawkins
9.	*Father's Occupation,*	Hatter
10.	*Father's Birthplace,*	Md
	Name of Medical Attendant, or other person who makes this Return,	T C Washington
	Address,	840 W Fayette
	Remarks,	

1893 0003020

This schedule shall contain the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 49790.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex. (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* August 5. 1893
4. *Place of Birth. (Street and Number)* 928 Granby Str.
5. *Full Name of Mother.* Mathilda Eidner
6. *Mother's Maiden Name.* Tauber
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Wenzel Eidner
9. *Father's Occupation* Tebower
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Steiner

Address. 122 S. Exeter Str

Remarks. 893000030 21

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and it shall be the duty of such attendant or person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49791.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 7th

4. *Place of Birth, (Street and Number)* 209 Dorsey Lane.

5. *Full Name of Mother,* Jeane Schlesinger

6. *Mother's Maiden Name,* Jeane Penner

7. *Mother's Birthplace,* Wittenburg

8. *Full Name of Father,* J. H. Schlesinger

9. *Father's Occupation* Baker

10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, Mr. Elizabeth Nicholas

Address, Carroll P.O. Baltimore, and Md.

Remarks, 1893 0003022

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	June 9th
4. *Place of Birth, (Street and Number)*	137 Lombard
5. *Full Name of Mother,*	Annie Moore
6. *Mother's Maiden Name,*	" Hebron
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Thomas Moore
9. *Father's Occupation*	Waiter
10. *Father's Birthplace,*	Calvert Co Md
Name of Medical Attendant, or other person who makes this Return,	Ann Cornish
Address,	871 Boyd St
Remarks,	

1893000 3023

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 10. 1893.
4. *Place of Birth, (Street and Number)* 113 Exeter and Granby Sts
5. *Full Name of Mother,* Mary Walter
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Henry Walter
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Steiner

Address, 122 S. Exeter st

Remarks, 1893000 3024

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 11, 1898.
4. *Place of Birth, (Street and Number)* 915 Granby st
5. *Full Name of Mother,* Jennie Gratt
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Simon Gratt
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Steiner

Address, 122 S. Exeter st

Remarks, 8930003025

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 12th 1893
4. Place of Birth, (Street and Number) 1007 Lafayette ave
5. Full Name of Mother, Christina Groot / Larsen
6. Mother's Maiden Name, "
7. Mother's Birthplace, Norway
8. Full Name of Father, John Groot
9. Father's Occupation, Shoe-manufacturer
10. Father's Birthplace, Sweden

Name of Medical Attendant, or other person who makes this Return, Geo. Reynolds M.D.

Address, 711 N Calvert

Remarks, 1893000302 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* [redacted] female
2. *Race or Color, (if not of the white race)* St Lloyd
3. *Date of Birth,* aug 15th 95
4. *Place of Birth, (Street and Number)* 306 Ernest st
5. *Full Name of Mother,* Alice grason
6. *Mother's Maiden Name,* Alice Woods
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Jones grason
9. *Father's Occupation,* Prince gorge Md
10. *Father's Birthplace,* Waters

Name of Medical Attendant, or other person who makes this Return. Mary Granby

Address, 327 Hanover st

Remarks, 11

18930003027

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 19th 1893
4. Place of Birth, (Street and Number) 1801 Federal St. City
5. Full Name of Mother, Mary M. Dauzbacher
6. Mother's Maiden Name, Mary M. Seidel
7. Mother's Birthplace, Long Lick Bells County
8. Full Name of Father, Edward H. Dauzbacher
9. Father's Occupation Grocer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Burns

Address, 1602 N. Eutaw St, City

Remarks,

1 0 9 3 0 0 0 3 0 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49798.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 20 1893

4. *Place of Birth, (Street and Number)* 214 S Wolfe St

5. *Full Name of Mother,* Emma Kay Hebb

6. *Mother's Maiden Name,* Cole

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Edward A Hebb

9. *Father's Occupation* Hat dealer

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, L H Adler M.D.

Address, 1101 E Fayette St

Remarks,

B 9 3 0 0 0 3 0 2 9

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in any such house to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 49799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 2nd 1893
4. *Place of Birth, (Street and Number)* 1611 Park Ave
5. *Full Name of Mother,* Anna Lonastro
6. *Mother's Maiden Name,* Pedro
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Carlo Lonastro
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, S. H. Sedwick M.D.

Address, 1501 E. Lexington St.

Remarks,

1893000030

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A-14800.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twelfth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Twenty fifth of August (26)

4. Place of Birth (Street and Number) 1207 N. Hills Street

5. Full Name of Mother Lydia A. Penny

6. Mother's Maiden Name Lydia A. Fisher

7. Mother's Birthplace Frederick City, Md.

8. Full Name of Father George W. Penny

9. Father's Occupation Hod Carrier.

10. Father's Birthplace Frederick City, Md.

Name of Medical Attendant, or other Person who makes this Return. Jane E. Butler.

Address # 1211 N. Gilmor St.

Remarks Baby circumcised

K893000 2031

RETURN OF A BIRTH. A 49801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 24 93

4. Place of Birth, (Street and Number) 229 N Hart 1 flr

5. Full Name of Mother, Anna V Hill

6. Mother's Maiden Name, Anderson

7. Mother's Birthplace, Ball.

8. Full Name of Father, William T Hill

9. Father's Occupation Shoe Cutter

10. Father's Birthplace, Ball

Name of Medical Attendant, or other person who makes this Return, S H Feldman M.D.

Address, 1201 E Lanvale St

Remarks, 1893000303 2

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 149802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	August 28 1893.
4. *Place of Birth, (Street and Number)*	316 Hanover st.
5. *Full Name of Mother,*	Mary Flecker.
6. *Mother's Maiden Name,*	Schmidt.
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Henry Flecker.
9. *Father's Occupation*	Brewery.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	J. Lehnrasser M.D.
Address,	1032 Hanover st.
Remarks,	

8 9 3 0 0 0 3 0 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49803.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 29. 1893.
4. Place of Birth, (Street and Number) 937 E. Lombard Ste
5. Full Name of Mother, Rosa Greenberg
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Mendel Greenberg
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return Mrs Cecilie Steiner

Address, 122 S. Exeter Ste

Remarks, 6 9 3 0 0 0 3 0 3 4

register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A49804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	August 29 1893.
4. *Place of Birth, (Street and Number)*	124 Battery Ave.
5. *Full Name of Mother,*	Annie Fehr
6. *Mother's Maiden Name,*	Magnus.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Andrew Fehr
9. *Father's Occupation*	Police officer.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lehmann Medicine
Address,	1120 Fawn St.
Remarks,	

1893000 3035

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4980.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male and Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 29 May
4. Place of Birth, (Street and Number) 1323 Brunt St
5. Full Name of Mother, Hannah L Chaney
6. Mother's Maiden Name, Hannah H Thornton
7. Mother's Birthplace, Charleston Sa
8. Full Name of Father, William H Chaney
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Hester Cotance

Address, 317 Preston St

Remarks, 16930003036

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49805.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female (Dau. Wife)

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 4th 1879

4. Place of Birth, (Street and Number) 1327 E. Lagor St.

5. Full Name of Mother, Felicite Jaiuiz

6. Mother's Maiden Name, (Soleri) Castro

7. Mother's Birthplace, San Domingo

8. Full Name of Father, (Line) Dias Jiminez

9. Father's Occupation, Pharmacist

10. Father's Birthplace, Cuba

Name of Medical Attendant, or other person who makes this Return, S. H. Soleri M.D.

Address, 1201 E. Lagor St

Remarks, Full name of child added by Father in writing
Maternity Case (Gratis) 0 3 0 3 7 Male Col.

Wm. J. C. Dulany Co., City Printers and Stationers.

(reputed father of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth so far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 14987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 30
4. Place of Birth, (Street and Number) 2019 Ridgewood Avenue
5. Full Name of Mother, Mary L Malone
6. Mother's Maiden Name, Mary " Brown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Malone
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. C. Fenton

Address, 2859 Baltimore Avenue

Remarks,

1893000 3038

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her case during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parent, the date and place of birth, and the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parent, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto, the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14808.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 31st 1893
4. *Place of Birth, (Street and Number)* 936 West Baltimore St
5. *Full Name of Mother,* Annie Theresia Lears
6. *Mother's Maiden Name,* Blum
7. *Mother's Birthplace,* Catonsville Balto Co Md
8. *Full Name of Father,* Clemens Henry Lears
9. *Father's Occupation* Bedding Manufacturer
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return Wm H Hunter

Address, 23 N Paca St

Remarks, 1893 0003039

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Physician under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 31st 1893
4. *Place of Birth, (Street and Number)*	1907 E Baltimore St
5. *Full Name of Mother,*	Mary E Gilbert
6. *Mother's Maiden Name,*	Bischoff
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Christian Gilbert
9. *Father's Occupation*	Structural Iron Worker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	S H Sidney M.D.
Address,	1911 E Baltimore St
Remarks,	

1893 0003040

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 8th 1893
4. *Place of Birth, (Street and Number)* 1347 N. Gilmor St.
5. *Full Name of Mother,* Mrs. Mary E. Dietz
6. *Mother's Maiden Name,* Miss Mary E. Richy
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John A. Dietz
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Balto. Md.

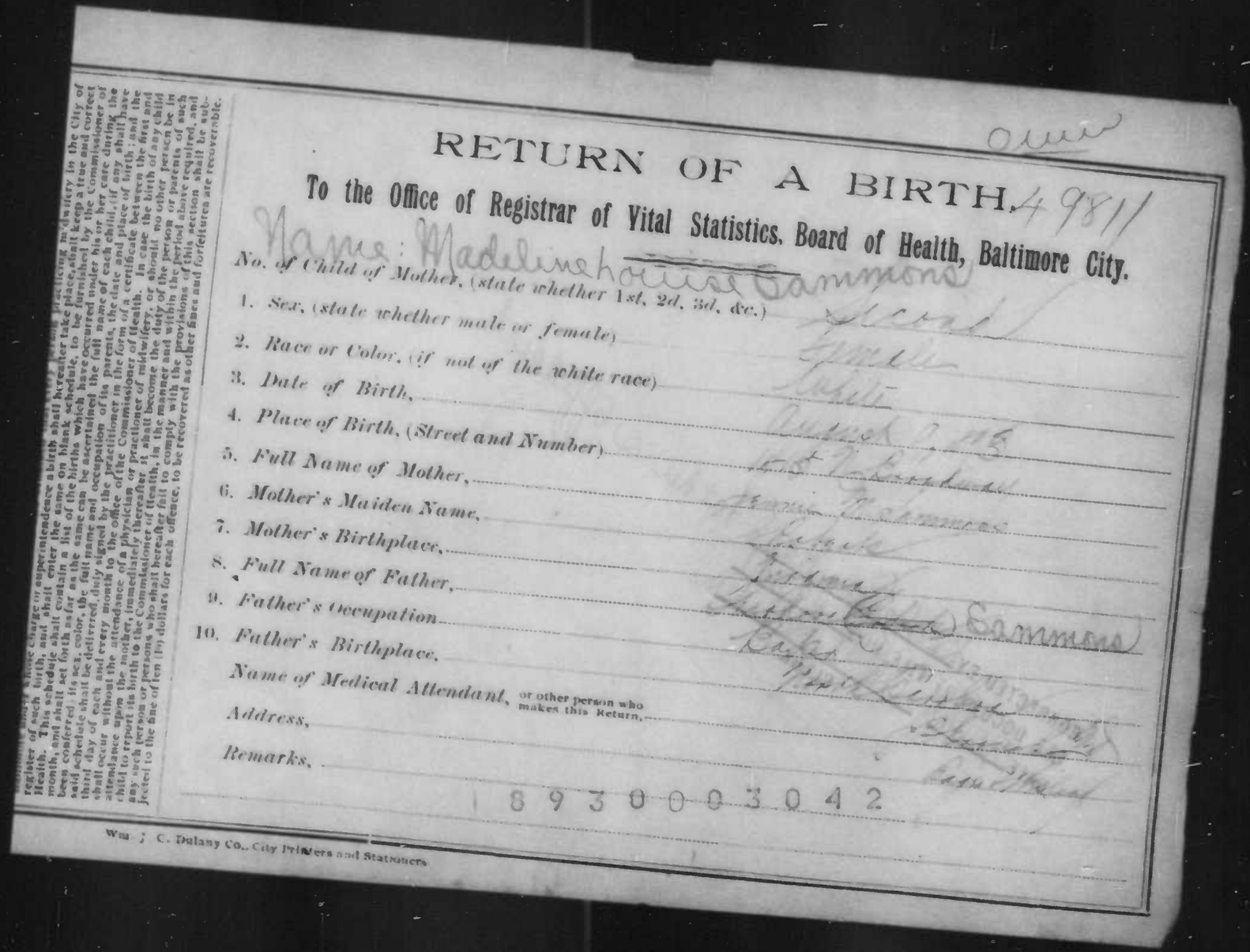
Name of Medical Attendant, or other person who makes this Return. D. Wm. Chappelle

Address, 1351 N. Gilmor St.

Remarks,

8 9 3 0 0 0 3 0 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.



RETURN OF A BIRTH. 49811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Madeline Louise Sammons

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* August 7, 1915
5. *Place of Birth, (Street and Number)* 651 E. Lombard St.
6. *Full Name of Mother,* Anna Sammons
7. *Mother's Maiden Name,* Schenk
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Harry (Henry) Sammons
10. *Father's Occupation* Baker
    Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Dr. Shuster

Address, [illegible]

Remarks,

1893000 3042

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 49812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	M
2. Race or Color, (if not of the white race)	W
3. Date of Birth,	Aug 15th 1893
4. Place of Birth, (Street and Number)	1924 Mt Royal Terrace
5. Full Name of Mother,	Mary Cottingham Green
6. Mother's Maiden Name,	Balto
7. Mother's Birthplace,	Harrison Cottingham
8. Full Name of Father,	Manager of Factory
9. Father's Occupation,	Balto
10. Father's Birthplace,	R. Winslow
Name of Medical Attendant, or other person who makes this Return.	1700 Mt Royal Terrace
Address,	
Remarks,	

1893 0003043

...Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of the father, the date and place of birth, and the maiden name and occupation of the mother, the full name of each child (if any) born of such mother, and the sex, color, the full name and occupation of its parents, the date and place of birth of each child, and the number of each child to the mother. Immediately thereafter he shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 49813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 August 1893
4. *Place of Birth, (Street and Number)* 251 William St
5. *Full Name of Mother,* Magie Hedrman
6. *Mother's Maiden Name,* Maggie Hall
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John C Hedrman
9. *Father's Occupation* Tin Worker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, C L Brooks

Address, 1525 Light St

Remarks, Dona Mall

1893000 3044

Wm. J. C. Dulany Co., City Printers and Stationers

Be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 49814

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 1893000 3045

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 49815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the Parents, the date and place of birth, and the shall occur without the attendance of a physician or practitioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20 August 1873
4. *Place of Birth, (Street and Number)*	303 Henry Ave
5. *Full Name of Mother,*	Amelia Wearer
6. *Mother's Maiden Name,*	Amelia Hill
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Wearer
9. *Father's Occupation*	Contractor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	C. A. Brooks
Address,	1629 Light St.
Remarks,	Dying well

B 9300003046

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 49816

ce of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.) 2 Female
2. Race, (state whether male or female) White
No. of Child of Mother, (state whether not of the white race) 1st
Street and Number 2129 Hanover St
Mother, Ella Harlan
Maiden Name, Ella Turner
Birthplace, Baltimore
Residence of Father, Texas
Occupation, Laborer
Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Ella Ford
Address, 1822 Light St
Remarks, Dang
8 9 3 0 0 0 3 0 4 7

To the Offi

Wm. J. C. Dulany Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

1893000304

HR-RM 32
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH. 49816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 August 189
4. Place of Birth, (Street and Number) 2139 Hanover St
5. Full Name of Mother, Ella Lauer
6. Mother's Maiden Name, Ella Harlman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George H Lauer
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. A. Brooks

Address, 1825 Light St

Remarks, Dead

1899 August 30 19

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White race

3. Date of Birth, 23 May 1900

4. Place of Birth, (Street and Number) 731 Ramsay

5. Full Name of Mother, Florence H Sowers

6. Mother's Maiden Name, Florence H Davis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charlie F Sowers

9. Father's Occupation Oyster Packer

10. Father's Birthplace, Baltimore

11. Name of Medical Attendant, or other person who makes this Return, Mrs Seibert

734 West Pratt

0 9 3 0 0 0 7 0 5 0

...rs and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH. 498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White race

3. Date of Birth, 23 August 1893

4. Place of Birth, (Street and Number) 731 Ramsey

Full Name of Mother, Tilana A Lowes

Mother's Maiden Name, Tilana A Davis

Mother's Birthplace, Baltimore

Full Name of Father, Charlie F Lowes

Father's Occupation Oysters Saloon

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Schecter

731, West Pratt

1893-003048

...rs and Stationers.

RETURN OF A BIRTH. 49816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 August 1893
4. Place of Birth, (Street and Number) 2159 Hanover St
5. Full Name of Mother, Ella Hartman
6. Mother's Maiden Name, Palmer
7. Mother's Birthplace, Penna
8. Full Name of Father, Harry W Turner
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, C A Brooks

Address, 1517 Light St

Remarks, 1893 Penna

1983-003047

W. J. C. Dulany Co., City Printers and Stationers.

1893
14

RETURN OF A BIRTH. 49818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21 August 1893
4. *Place of Birth, (Street and Number)*	102 Eutaw ave
5. *Full Name of Mother,*	Bridget Lee
6. *Mother's Maiden Name,*	Bridget Tobin
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Lee
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	C. J. Brooks
Address,	1823 Light St
Remarks,	Dom Well

1893-003049

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 25 1893
4. *Place of Birth, (Street and Number)*	632 Potomac Street
5. *Full Name of Mother,*	Carlina Yates
6. *Mother's Maiden Name,*	Carlina Cooper
7. *Mother's Birthplace,*	New Kent County Va.
8. *Full Name of Father,*	Harrison Yates
9. *Father's Occupation*	Farmer.
10. *Father's Birthplace,*	West Virginia Va.
Name of Medical Attendant, or other person who makes this Return,	Jessie Higgs
Address,	632 Potomac Street
Remarks,	1893-003050

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 August 1895
4. *Place of Birth, (Street and Number)* 120 William St
5. *Full Name of Mother,* Lucia Schwenk
6. *Mother's Maiden Name,* Lucia Kuhn
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* George Schwenk
9. *Father's Occupation* Oyster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, C. L. Brooks

Address, 1525 Eager St

Remarks, Dr. Hill

1895 00 3051

Wm. J. C. Dulany Co., City Printers and Stationers.

Physicians, Midwives and others must enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 49831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 27. '93
4. *Place of Birth, (Street and Number)*	S.W. cor. Hartford Ave. & Biddle St.
5. *Full Name of Mother,*	May Steinmann
6. *Mother's Maiden Name,*	" Meise
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Henry C. Steinmann
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo A Hartman M.D.
Address,	1921 N. Caroline St.
Remarks,	

8930003052

Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 20 15
4. *Place of Birth, (Street and Number)*	246 William
5. *Full Name of Mother,*	Elizabeth Ann
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Samuel C Williams
9. *Father's Occupation*	Conductor
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Edward [illegible]
Address,	[illegible] Baltimore
Remarks.	

8930003053

Wm. J. C. Dulany Co., City Printers and Stationers

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 49823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 21 1893

4. *Place of Birth, (Street and Number)* 1 Northern Ave

5. *Full Name of Mother,* Mary E Smith

6. *Mother's Maiden Name,* Same

7. *Mother's Birthplace,* Liverpool Eng

8. *Full Name of Father,* Robert Smith

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Dr Edward Smith

Address, 42 Lund St

Remarks, 18930003054

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 49824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 29. 93
4. *Place of Birth, (Street and Number)*	1328 N. Bond St.
5. *Full Name of Mother,*	Emma Florence Brumble
6. *Mother's Maiden Name,*	" " Heath
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Chas. Ely Brumble
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Reno, Penn'a.
Name of Medical Attendant, or other person who makes this Return,	Geo. A. Hartman M.D.
Address,	1121 N. Carolina St.
Remarks,	

8930003055

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 8-31-37

RETURN OF A BIRTH.

49825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 George Frederick Viehmeyer
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30 August 1893
4. *Place of Birth, (Street and Number)*	11 Paulding st
5. *Full Name of Mother,*	Mary (Viehmeyer) Viehmeyer
6. *Mother's Maiden Name,*	Mary Beck
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Frederick (Viehmeyer) Viehmeyer
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	C A Brooks
Address,	1525 Lakt st
Remarks,	Dupl Well

B 930003056

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 30th 1893
4. *Place of Birth, (Street and Number)*	1203 Riverside av.
5. *Full Name of Mother,*	Annie L. Bond
6. *Mother's Maiden Name,*	Johnson
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Richd H. Bond
9. *Father's Occupation,*	Can Maker
10. *Father's Birthplace,*	Balto,
Name of Medical Attendant, or other person who makes this Return,	R. C. Lee
Address,	Hanover st
Remarks,	

8930003057

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 49827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 1/2
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 28 1/2 1893
4. Place of Birth, (Street and Number)	534 Jackson St
5. Full Name of Mother,	Caroline L. Lachman
6. Mother's Maiden Name,	" Beeler
7. Mother's Birthplace,	Balt. Co.
8. Full Name of Father,	John Lachman
9. Father's Occupation,	Fireman B. C. D.
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. B. Hart M. D.
Address,	815 Jefferson Ave
Remarks,	Waverly Balt.

1893 0003058

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 49828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in the house, or in the family occupied by the Commissioner of month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	Aug 13th 93
4. *Place of Birth, (Street and Number)*	832 N. Calvert St
5. *Full Name of Mother,*	Mrs Howell
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Howell
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Dr Glenn
Address,	
Remarks,	

1893 0003059

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 49829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13 August 1893
4. *Place of Birth, (Street and Number)*	127 Randall St
5. *Full Name of Mother,*	Lemmie Youngs
6. *Mother's Maiden Name,*	Lemmie Brooks
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Jas Youngs
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	C A Brooks
Address,	528 Fish St
Remarks,	Living Male

1893000 3860

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2~~ 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 14. 1893
4. Place of Birth, (Street and Number) 428 E. 22 1/2 Street
5. Full Name of Mother, Mrs John Mc Collum
6. Mother's Maiden Name,
7. Mother's Birthplace, Scotland
8. Full Name of Father, Mr John Mc Collum
9. Father's Occupation, Stonecutter
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, D.D. Browne M.D

Address, 1218 Madison Ave

Remarks,

8930003061

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Aug 16 93

4. Place of Birth, (Street and Number) 25 N Chestnut St

5. Full Name of Mother, Mamie Hall

6. Mother's Maiden Name,

7. Mother's Birthplace, U S

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr O Gordon

Address,

Remarks,

6 9 3 0 0 0 3 0 6 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-11-59

RETURN OF A BIRTH. 49832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eugene Broydrick ~~Lappe~~ Lappe

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 1st 1893
4. Place of Birth, (Street and Number) 1705 W. Lexington St.
5. Full Name of Mother, Catherine Lappe
6. Mother's Maiden Name, Crain
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles A. Lappe
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Stapf M.D.

Address, 1705 W. Lexington

Remarks,

18930003063

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 25th 1893
4. Place of Birth, (Street and Number) 1145 Hollins St
5. Full Name of Mother, Rachel Lloyd
6. Mother's Maiden Name, Harr
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Walter Lloyd
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 701 Carrollton Ave

Remarks,

1893000306 4

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 27th 1893
4. Place of Birth, (Street and Number) 1106 S. Paca St.
5. Full Name of Mother, Mary Miller
6. Mother's Maiden Name, Washington
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Lee Miller
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, John Scott MD

Address, 701 N Carrollton Ave

Remarks, 8930003065

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 11 93
4. *Place of Birth, (Street and Number)* [redacted] N Gay st
5. *Full Name of Mother,* Bertha Stein
6. *Mother's Maiden Name,* " [redacted] Landorf
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Albert Stein
9. *Father's Occupation* Druggist.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Edward McBride

Address, 218 Aisquith st

Remarks,

18930003066

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 49837

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

GIVEN NAME ADDED 3-2-65

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 12th 1893

4. Place of Birth, (Street and Number) 413 Lauden St

5. Full Name of Mother, Elizabeth Long Hesser

6. Mother's Maiden Name, Queen Ann Co Md

7. Mother's Birthplace, Benjamin Long

8. Full Name of Father, Joe Conners

9. Father's Occupation, Bridge Just

10. Father's Birthplace, Dead N. Y. Dead Md.

Name of Medical Attendant, or other Person who makes this Return Dr. C. H. Hoffman Sr.

Address, 209 E. Lexington St

Remarks, This Case - Earlier Certificate must have omitted reporting of Child - and Still I have the Birth Report

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar of births, sex, and color of the child, the date of birth, and the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children born, its or their physical condition, whether still-born or not, the full name, and the maiden name of the mother of such child or children.

Within six days thereafter, stating, distinctly

Within six days thereafter, stating, distinctly

KELLY & CO., CITY PRINTERS AND STATIONERS

A 14927

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 1st 1893
4. Place of Birth, (Street and Number) N. E. Edmondson Ave
5. Full Name of Mother, Lizzie Wolf
6. Mother's Maiden Name, Lizzie Fallin
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Fredrick Wolf
9. Father's Occupation, Glass Flatner
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellmore A. Anderson

Address, 1434 Patapsco St

Remarks,

1893 0003068

Knowingly and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

V. 4983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 28
4. Place of Birth, (Street and Number) Wolfe St 914
5. Full Name of Mother, Mary Yavorski
6. Mother's Maiden Name, Krovi
7. Mother's Birthplace, Poland
8. Full Name of Father, Otis Yavorski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krzyzewska

Address, 602 Bond St.

Remarks,

18930003069

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 46400.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 24. 93
4. *Place of Birth, (Street and Number)*	1225 N. Bond st.
5. *Full Name of Mother,*	Mary Elizabeth Busch
6. *Mother's Maiden Name,*	" " Rodgers
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	George Wm. Busch
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	1893 0003070

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 49844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	5th
1. *Sex, (state whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	Sept. 14 1893.
4. *Place of Birth, (Street and Number)*	522. W. Lanvale st.
5. *Full Name of Mother,*	Isabella Heinmiller.
6. *Mother's Maiden Name,*	" Hoffman.
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Henry Heinmiller.
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return.	C. E. Shower, M.D.
Address,	2510 Penna. ave.
Remarks,	

18930003071

J. S. GUARY & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 149845

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 1st 1893
4. *Place of Birth, (Street and Number)*	1710 E. Biddle St
5. *Full Name of Mother,*	Louisa Landsburgh
6. *Mother's Maiden Name,*	Louisa Wollbrecht
7. *Mother's Birthplace,*	Waldeck Germany
8. *Full Name of Father,*	Randolph Eduard Landsburgh
9. *Father's Occupation,*	Wood-Carver
10. *Father's Birthplace,*	Baltimore City, Md. USA.
Name of Medical Attendant, or other Person who makes this Return	John H. Cronan M.D.
Address,	1806 N. Bond St
Remarks,	

1893 0003072

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. A 498146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3 *Date of Birth,*	Sept 1-1893
4. *Place of Birth, (Street and Number)*	# 2628 Barton st
5. *Full Name of Mother,*	Agusta Schaffe
6. *Mother's Maiden Name,*	Wellslager
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Schaffe
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Sarah F Warrington
Address,	No 924 Binney st
Remarks,	1893 0003073

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-7-58

RETURN OF A BIRTH A 49847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Edward Richard Smothers 1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	September 1st 1893
4. Place of Birth, (Street and Number)	1611 N. Eutaw St.
5. Full Name of Mother,	Emma Smothers
6. Mother's Maiden Name,	Emma, Ward
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Richard H. Smothers
9. Father's Occupation,	Porter
10. Father's Birthplace,	Colbert County, Ind.
Name of Medical Attendant, or other person who makes this Return,	Millie Gross
Address,	17 Winston St.
Remarks,	1893000374

...and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, of the person or parents of such child to report its birth to the Commissioner of Health, who shall become the duty, in case the birth of any child third day of each and every month to the office of the practitioner of midwifery, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions and forfeitures are recoverable jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A-49848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	W Male
3. Date of Birth,	Sept 1-1893
4. Place of Birth, (Street and Number)	1425 Mosher St
5. Full Name of Mother,	Emma L Marriott
6. Mother's Maiden Name,	Green
7. Mother's Birthplace,	Balto Co Md
8. Full Name of Father,	David E Marriott
9. Father's Occupation,	Postal clerk
10. Father's Birthplace,	Balto Co Md
Name of Medical Attendant, or other person who makes this Return,	Dr J Fetterhoff MD
Address,	905 N Belnord Ave
Remarks,	1893 0003075

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the street and number (or other place of residence) where such birth occurred; and the name and residence of the attendant upon such birth; and shall also state the sex, color,

RETURN OF A BIRTH. A 49819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 1 1893
4. Place of Birth, (Street and Number) Allegheny Ave 1908
5. Full Name of Mother, Mary Heil
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Heil
9. Father's Occupation Labor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Murphy

Address, Washington 205

Remarks, 8930003076

Wm. C. Dulany Co., City Printers and Stationers

The name is to be written in full, and the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and subject to the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49850.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 1 1893
4. Place of Birth, (Street and Number) Aisquith st 2343
5. Full Name of Mother, Mary Huber
6. Mother's Maiden Name, Gormen
7. Mother's Birthplace, John Huber
8. Full Name of Father, Barber
9. Father's Occupation Gormen
10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return, Henry Hopkins

Address, N Washington 205

Remarks, 1893000307 7

born conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49851.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 1
4. *Place of Birth, (Street and Number)* 615 N Paca St
5. *Full Name of Mother,* Josephine Dorsey
6. *Mother's Maiden Name,* Josephine Barnes
7. *Mother's Birthplace,* Elkridge Landing
8. *Full Name of Father,* Frank Dorsey
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Hester Delaware

Address, 109 Preston St

Remarks,

1893000307 8

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 14985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 1st 1893.

4. Place of Birth, (Street and Number) 213 N. Exeter Ste

5. Full Name of Mother, Bettie ~~Rubin~~ Fair

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Aman Fair

9. Father's Occupation Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Steiner

Address, 122 S. Exeter Ste

Remarks,

1893 0003079

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49853.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 2
4. Place of Birth, (Street and Number) 4 Calico Woods Balto
5. Full Name of Mother, Mary Waterkamp
6. Mother's Maiden Name, Mary Wellinger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred J. Waterkamp
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C Faulstich

Address, 2859 Fulton Avenue

Remarks, 1893000 3080

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49854.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 2nd 1893
4. *Place of Birth, (Street and Number)* Baltimore, 612 McElroy Court
5. *Full Name of Mother,* Mary Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Johnson
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Jane Wiest

Address, 804 Stirling Street

Remarks, 16930003081

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

652 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 14985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 2, 1893
4. *Place of Birth, (Street and Number)*	3128 Hanover St
5. *Full Name of Mother,*	Winfred Hooper
6. *Mother's Maiden Name,*	Winfred Kirkland
7. *Mother's Birthplace,*	3128 Maryland
8. *Full Name of Father,*	John M Hooper
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return	Dr. R. Harlan
Address,	213 E. Heath St.
Remarks,	Living Well

1893 0003078 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-49856.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sep 12-1893
4. Place of Birth, (Street and Number) 926 Cooly st
5. Full Name of Mother, Catherine Rogers
6. Mother's Maiden Name, Ahern
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Rogers
9. Father's Occupation, Stevedore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah T Harrington

Address, 924 Binney st

Remarks, 6 9 3 0 0 0 3 0 8 3

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (State whether male or female)* F.
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Sept. 2nd 1893.
4. *Place of Birth, (Street and Number)* 421 Cathedral St.
5. *Full Name of Mother,* Margie M. Wanstall
6. *Mother's Maiden Name,* French
7. *Mother's Birthplace,* Eastport Me
8. *Full Name of Father,* Alfred Wanstall
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Schuylkill Co. Pa.

Name of Medical Attendant, or other person who makes this Return. Alfred Wanstall M.D.

Address, 804 Cathedral St.

Remarks,

1893000308 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-10-58

RETURN OF A BIRTH. A 49858.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) James W. Myer 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 2nd 1893

4. Place of Birth, (Street and Number) 1 Liberty Road

5. Full Name of Mother, Anna Myer

6. Mother's Maiden Name, Inkstall

7. Mother's Birthplace, Prince Geo. Co. Md

8. Full Name of Father, D. Webb Myer

9. Father's Occupation Guager

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Theodore Cook M.D.

Address, 914 N. Charles St.

Remarks, 1893 0002085

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female) Colored

2. Race or Color, (if not of the white race) September 2nd 1893

3. Date of Birth, 61 W. West St

4. Place of Birth, (Street and Number) Georgan Heed

5. Full Name of Mother, Georgan Smith

6. Mother's Maiden Name, Annerundle County

7. Mother's Birthplace, Peter Heed

8. Full Name of Father, Laborer

9. Father's Occupation, Baltimore Md

10. Father's Birthplace, Charlottie Williams

Name of Medical Attendant, or other person who makes this Return, 410 Leadenhall St

Address,

Remarks, 0930003086

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or practitioner of midwifery, or the person or parents of such child, if no practitioner of midwifery, or physician be employed; and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required, attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 49860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 3d 93

4. Place of Birth, (Street and Number) 23 S. Stricker St

5. Full Name of Mother, Fannie

6. Mother's Maiden Name, Baltz

7. Mother's Birthplace, Prince Rountania

8. Full Name of Father, Emanuel Abrams

9. Father's Occupation Merchant

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, Dr. H. Schein

Address, 1201 E. Baltimore St

Remarks, 1893 0003087

Wm. J. C. Dulany Co., City Printers and Stationers

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 149861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	September 2nd 1893
4. Place of Birth, (Street and Number)	61 N. West St
5. Full Name of Mother,	Mary Isabella Armstrong
6. Mother's Maiden Name,	Howard
7. Mother's Birthplace,	Brooklyn Anne Arundle County
8. Full Name of Father,	Alexander Armstrong
9. Father's Occupation	Foreman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Charlotte Williams
Address,	910 Eastenhall St
Remarks,	

1893 0003088

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 3.
4. Place of Birth, (Street and Number) 1515 Riddle St.
5. Full Name of Mother, Lizzie Schell Single
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Bischoff

Address, 1136 Cleveland St.

Remarks, 1893 0003089

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4982.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth, Dead at birth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 3th 1893
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, Catherine Miller
6. Mother's Maiden Name, Catherine Louise
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Thomas Ed. Miller
9. Father's Occupation, Driver Lead Wagon
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Louisa Hamsford Dr. Doctor

Address, Louisa Hamsford #139 York st

Remarks, 1893000 3090

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. Hyde

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 3/93
4. Place of Birth, (Street and Number) 2433 Fenwick St.
5. Full Name of Mother, Mrs Clarence Moore
6. Mother's Maiden Name, Mary Conte
7. Mother's Birthplace, Balt. City Md.
8. Full Name of Father, Clarence Moore
9. Father's Occupation, City Laborer
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return, E. A. Hyde M.D.

Address, 2505 Penna. Ave

Remarks, 1893000309 1

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

ORR J. D. ENLEY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 49865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ~~John A. S.~~ Hammond

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 3d
4. Place of Birth, (Street and Number) 1338 Division St
5. Full Name of Mother, Emma F. Hammond
6. Mother's Maiden Name, " " Hickman
7. Mother's Birthplace, Balto City
8. Full Name of Father, James M. Hammond
9. Father's Occupation, Policeman
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. John L. Huck

Address, 647 N. Lafayette Ave

Remarks, 1893 0003092

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. B. BULANT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 4966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 3 1893
4. Place of Birth, (Street and Number) Barnest st 1611
5. Full Name of Mother, Hatie Moses
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohaimen
8. Full Name of Father, Andw Moses
9. Father's Occupation Barber
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Broates Woodington 205

Address,

Remarks, 1893000309 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 14987.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 2 1893
4. Place of Birth, (Street and Number) 743 Chapple st
5. Full Name of Mother, Annie Kuzel
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohaimen
8. Full Name of Father, John Kuzel
9. Father's Occupation Tailor
10. Father's Birthplace, Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Linton

Address, Washington 205

Remarks, 1893000309 4

Wm. C. Delany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 14968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 4 1878
4. Place of Birth, (Street and Number) Oxford st 1899
5. Full Name of Mother, Annie Stenger
6. Mother's Maiden Name, Gurmen
7. Mother's Birthplace, [illegible] Steiger
8. Full Name of Father, [illegible]
9. Father's Occupation Barber
10. Father's Birthplace, Germen

Name of Medical Attendant, or other person who makes this Return, Mary Kupfle Washington 2nd

Address,

Remarks, 1893 0003095

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 40869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 4 1893
4. *Place of Birth, (Street and Number)* Schutter st 813
5. *Full Name of Mother,* Maggie Blattamp
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Saxony
8. *Full Name of Father,* John Blattamp
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Saxony

Name of Medical Attendant, or other person who makes this Return, Mary Kohler

Address, N Washington st 905

Remarks,

1893000309 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Every case of birth, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 14987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 4th
4. *Place of Birth, (Street and Number)* Diane St. 1519
5. *Full Name of Mother* Mary Varinski
6. *Mother's Maiden Name,* Varinski
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* August Varinski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Pregler

Address, 602 Bond St.

Remarks,

8930003097

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 40841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 4 1873
4. Place of Birth, (Street and Number) 34 Bond St
5. Full Name of Mother, Chanie Thomas
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, East Villa Va
8. Full Name of Father, Charles Thomas
9. Father's Occupation, Stevedore
10. Father's Birthplace, Easton Maryland

Name of Medical Attendant, or other person who makes this Return. Maria Wright

Address, 1018 Wolf St

Remarks, 1893 0003098

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49877

The Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Sex.* (state whether male or female) Female
2. *Race or Color.* (if not of the white race) Colored
3. *Date of Birth.* Sept 11 1903
4. *Place of Birth.* (Street and Number) 1731 E Baltimore St
5. *Full Name of Mother.* Mary Ellen Hughes
6. *Mother's Maiden Name.* Mary Ellen Scott
7. *Mother's Birthplace.* Baltimore Md
8. *Full Name of Father.* Unknown
9. *Father's Occupation.* Laborer
10. *Father's Birthplace.* Unknown

Name of Medical Attendant, or other person who makes this Return. Geo L Ott

Address.

Remarks.

1903 0003099

Wm. J. C. Dulany Co., City Printers and Stationers

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(6-1-54)
Hall of Records Commission

RETURN OF A BIRTH. A 498 77

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 10/24/1923
4. Place of Birth, (Street and Number) 1736 Bank St
5. Full Name of Mother, Mary Ellen Fell
6. Mother's Maiden Name, Mary Ellen Hughes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter Fell
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Fell

Address, 1736 Bank St

Remarks, 0003099

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 4th, 1893.
4. *Place of Birth, (Street and Number)*	629 W. Franklin St.
5. *Full Name of Mother,*	Frances Cotton Rosenberg
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Bridgeport, Connect.
8. *Full Name of Father,*	Jeffrey Lawrence Cotton.
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return	Louis W. Knight M.D.
Address,	414 N. Greene St.
Remarks,	

any name shall have been overlooked, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the parent, or the person in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practical midwife, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T. & Co., CITY PRINTERS AND STATIONERS.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 22
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH

A 40893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 4th 1893.
4. *Place of Birth, (Street and Number)*	629 W. Franklin St.
5. *Full Name of Mother,*	Frances Cotton Rosenberg
6. *Mother's Maiden Name,*	Bridgeport, Connect.
7. *Mother's Birthplace,*	Jeffrey Laurence Cotton.
8. *Full Name of Father,*	Clerk
9. *Father's Occupation,*	Baltimore, Md.
10. *Father's Birthplace,*	Louis W. Knight M.D.
Name of Medical Attendant, or other Person who makes this Return	414 N. Greene St.
Address,	
Remarks,	8930003100

any name shall have been conferred, its sex, color, the full name and occupation of the parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall then become the duty of the parent or parents of such child to report the birth to the Board of Health. In all cases becoming the subject of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines are permitted now recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 49974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 4 th 1893
4. *Place of Birth, (Street and Number)*	1723 Patapsco . St
5. *Full Name of Mother,*	Lavina Schley
6. *Mother's Maiden Name,*	Lavina kinnin
7. *Mother's Birthplace,*	Baltimore . md
8. *Full Name of Father,*	John henry Schley
9. *Father's Occupation,*	Can maker
10. *Father's Birthplace,*	Baltimore . md
Name of Medical Attendant, or other person who makes this Return,	Ellenora . a . anderson
Address,	1434 Patapsco . St
Remarks,	6 9 3 0 0 0 3 1 0 1

...been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

ENG. J. D. GULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 49875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 4 1893
4. Place of Birth, (Street and Number) Duncan Place 629
5. Full Name of Mother, Mary Zung
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, John Zung
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kapter

Address, Washington 2c 5

Remarks, 1893000 3102

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring in the city of Baltimore shall be reported to the Commissioner of Health within ten days after such birth, by the attending physician or midwife, and in default of such report by either of them, by the householder or owner of the premises where such birth occurs, which report shall state the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 49876.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1216 Cross St
4. Place of Birth, (Street and Number) September 4th 1893
5. Full Name of Mother, Eliza Smoot
6. Mother's Maiden Name, Eliza Morgan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Smoot
9. Father's Occupation Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mitchell

Address, 216 Parkin st

Remarks, 0 9 3 0 0 0 3 1 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49877.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 of September 4 [illegible] of September
4. *Place of Birth, (Street and Number)* Baltimore 12 Calender Alley
5. *Full Name of Mother,* Anna Elizabeth Herzog
6. *Mother's Maiden Name,* Anna Elizabeth Hiltz
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* George Alfonso Herzog
9. *Father's Occupation* Stone Polisher
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Susan Hunt

Address, 231 Fayette Ave

Remarks, 8930003104

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49878.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* White

2. *Race or Color, (if not of the white race)* Female

3. *Date of Birth,* Sept 4

4. *Place of Birth, (Street and Number)* 2402 Druid Hill Avenue

5. *Full Name of Mother,* Maggie L Sparks

6. *Mother's Maiden Name,* Maggie Evans

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Thomas E Sparks

9. *Father's Occupation* Upholsterer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, C. Faulstich

Address, 2859 Kelton Avenue

Remarks, 6930003105

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child born in the City of Baltimore, or found therein, shall be registered, and the parent or parents, or other person having charge of such child, shall report to the Commissioner of Health the full name of each child, if any shall have been omitted from the certificate of birth, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 19879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3 Date of Birth,	Sept 4th 93
4. Place of Birth, (Street and Number)	Govanch Ave.
5. Full Name of Mother,	Melinda Swearer
6. Mother's Maiden Name,	Melinda Dunhardt
7. Mother's Birthplace,	Balt
8. Full Name of Father,	Wm Swearer
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other person who makes this Return,	Daniel V Moyer MD
Address,	1200 N Eden St
Remarks,	8930003106

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 149880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Male~~ 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 4th
4. Place of Birth, (Street and Number) 704 Columbia Ave
5. Full Name of Mother, Paulenia Poleman
6. Mother's Maiden Name, Paulina Hoff—
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilhelm Poleman
9. Father's Occupation, Grocery man
10. Father's Birthplace, Baltimore,

Name of Medical Attendant, or other person who makes this Return, Hellingrath Clifford

Address, 704 So Paca St

Remarks, C 4 3 0 0 0 3 1 0 7

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4. September
4. Place of Birth, (Street and Number) 1529 Barrough st.
5. Full Name of Mother, Rosalia Potergintski
6. Mother's Maiden Name, " Rinstki
7. Mother's Birthplace, Germany
8. Full Name of Father, Valentin Potergintski
9. Father's Occupation Laboar
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Katherine Myers

Address, 1331 Lyle st

Remarks,

8930003108

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A-49877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	4th Sept 1893
4. Place of Birth, (Street and Number)	1216 N Dallas st
5. Full Name of Mother,	Lennie Van Horn
6. Mother's Maiden Name,	Parr
7. Mother's Birthplace,	Balto
8. Full Name of Father,	George Van Horn
9. Father's Occupation	Can maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Greene
Address,	944 N Gay st
Remarks,	1893000310 9

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 49883.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 6th 1893
4. Place of Birth, (Street and Number) Lemon St 929
5. Full Name of Mother, Amanda Henry
6. Mother's Maiden Name, Amanda Robinson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Henry
9. Father's Occupation City Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mitchell

Address, 216 Parkin st

Remarks, 1893000311 0

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-19-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Vansant

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	September 5th 1893
4. Place of Birth, (Street and Number)	Riggs Avenue # 1709
5. Full Name of Mother.	Naomi Vansant
6. Mother's Maiden Name.	Naomi Schafer
7. Mother's Birthplace.	Baltimore City
8. Full Name of Father.	Joshua Eugene Vansant
9. Father's Occupation.	Insurance Agent
10. Father's Birthplace.	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	L. Ls. Spanow M D
Address.	# 1037 N. Fulton Avenue
Remarks.	

1893 0003111

Place of the Birth, and the said schedule shall be delivered, duly signed by the practitioner, to the person required by the preceding section to file the certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or the said no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, or other person required by the preceding section to file the certificate within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 49885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of September 1893.
4. Place of Birth, (Street and Number) 2226 Fairmont Ave
5. Full Name of Mother, Elisabeth Schneider
6. Mother's Maiden Name, Elisabeth Ritz
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Schneider
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm Jos Hill M.D.

Address, 201 N. Castle St

Remarks,

6930003112

Every person in charge of any institution, public or private, and every physician, midwife, or other person having charge of or rendering assistance to any woman during childbirth, shall, within ten days after the birth occurs, make a return to the Commissioner of Health, in the manner and form prescribed by him, of the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 5 1893
4. Place of Birth, (Street and Number) 2331 Milliman st
5. Full Name of Mother, Julia Thompson
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Thompson
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopetis

Address, 1 Eberhigler 205

Remarks,

B 93 0 0 0 3 1 1 3

Sec. 6. Be it further enacted, That it shall be the duty of the parents, the date and place of birth and the sex, color, the full name and occupation of the parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 14987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Female~~ 10th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 5th
4. Place of Birth, (Street and Number)	664 Portland Pl
5. Full Name of Mother,	Mary Mains
6. Mother's Maiden Name,	Mary Stein
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Mains
9. Father's Occupation,	Police-man
10. Father's Birthplace,	Baltimor
Name of Medical Attendant, or other person who makes this Return,	Nellegonda Pfeffer
Address,	664 Portland Pl
Remarks,	1 8 6 8 1 0 0 0 3 1 1 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49887.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Sept 5 th 1893
4. *Place of Birth, (Street and Number)*	# 1827 Lemmon Ste
5. *Full Name of Mother,*	Mrs Rosina Yäger
6. *Mother's Maiden Name,*	Miss " Paulina
7. *Mother's Birthplace,*	Würtenberg Germany
8. *Full Name of Father,*	John Yäger
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Würtenberg Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	# 2127 W Pratt Ste
Remarks,	8 9 3 0 0 0 3 1 1 5

born covered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 5th. 1893.

4. Place of Birth, (Street and Number) 1606 N. Chester Street

5. Full Name of Mother, Mary Weltz.

6. Mother's Maiden Name, Mary Ewing

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Albert Weltz.

9. Father's Occupation Varnisher - Piano.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return J. F. Madeira

Address, 1441 W. Lay street.

Remarks 1893 0 0 3 1 1 6

(Miss Brown. Nurse)

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White Child
3. *Date of Birth,*	5th September 1895.
4. *Place of Birth, (Street and Number)*	Hall St 1325.
5. *Full Name of Mother,*	Rose Bradley
6. *Mother's Maiden Name,*	~~Yealadall~~
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Robert H Bradley
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffle
Address,	E. Balto 1405.
Remarks,	0930003117

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 16891.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the third child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 5 1893
4. Place of Birth, (Street and Number) 432 N. Henrietta st Balto Md
5. Full Name of Mother, Mrs Ida Williams
6. Mother's Maiden Name, Miss Ida Woods
7. Mother's Birthplace, Lynchburg Va
8. Full Name of Father, Robert Williams
9. Father's Occupation, Labor
10. Father's Birthplace, North Hunting Ground County Va

Name of Medical Attendant, or other person who makes this Return. Midwife Millie Gross

Address, 17 ~~Hinde St~~ 17 Windsor St

Remarks, 8 9 3 0 0 5 3 1 1 8

With consent of the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tuesday Sept 5th 93
4. Place of Birth, (Street and Number) 1827 N. Broadway
5. Full Name of Mother, Mrs Sallie Polar
6. Mother's Maiden Name, Miss Sallie Brown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Polar
9. Father's Occupation Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. P. W. Parran M.D.

Address, 1386 N. Broadway

Remarks, Instrumental Delivery

8 9 3 0 0 0 3 1 1 9

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 5-14893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 5 th 1893

4. Place of Birth, (Street and Number) No 1722 Hanover St

5. Full Name of Mother, Frances Hodges

6. Mother's Maiden Name, Frances Schramm

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Hodges

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 Byrd St

Remarks, 1893 0003120

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health, or should no other parents of such child occur without the mother, immediately of Health. In the manner and within of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Sept. 5th 93
4. *Place of Birth, (Street and Number)*	1747 Mulberry st.
5. *Full Name of Mother,*	Mary Parker Gant
6. *Mother's Maiden Name,*	Mary Parker
7. *Mother's Birthplace,*	Balto. County
8. *Full Name of Father,*	Thomas Gaskit
9. *Father's Occupation*	Oyster Schucker
10. *Father's Birthplace,*	Balto. County
Name of Medical Attendant, or other person who makes this Return,	J. L. Wyman M.D.
Address,	1409 E. Pratt st.
Remarks,	893000314

Wm. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH.

A 1893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 6th 1893
4. Place of Birth, (Street and Number) 1419 Race St
5. Full Name of Mother, Anne Vogel
6. Mother's Maiden Name, Anne Hensel
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Vogel
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Hornung

Address, 1417 Byrd St

Remarks, William F. Vogel 8 9 3 4 0 Full Name 2 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49896.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 6th Sept 1893

4. Place of Birth, (Street and Number) 612 N Edmont

5. Full Name of Mother, Margret Delton Kennedy

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balto

8. Full Name of Father, Chas A Delton

9. Father's Occupation Carriage Maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay st

Remarks, 1893000312 3

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49897.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep 6

4. Place of Birth, (Street and Number) 6 Casper street 1629

5. Full Name of Mother, Barth Doems

6. Mother's Maiden Name, Barth Arnos

7. Mother's Birthplace, Germany

8. Full Name of Father, August Doems

9. Father's Occupation Day Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Schumann

Address, 409 south Bond st

Remarks, 6930003124

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 149898.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 6 / 1893
4. *Place of Birth, (Street and Number)* Schapple at 624
5. *Full Name of Mother,* Mary Gang
6. *Mother's Maiden Name,* Garner
7. *Mother's Birthplace,* Gang
8. *Full Name of Father,* John Gang
9. *Father's Occupation* Garber
10. *Father's Birthplace,* Garner

Name of Medical Attendant, or other person who makes this Return, Mary Kuhns

Address, Washington 205

Remarks, 8 4 3 0 0 0 3 1 2 5

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 6th 1893
4. *Place of Birth, (Street and Number)*	Division St 209
5. *Full Name of Mother,*	Zumie
6. *Mother's Maiden Name,*	Hodges
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	William Baker
9. *Father's Occupation,*	Day Laborer
10. *Father's Birthplace,*	York Co. Pa.
Name of Medical Attendant, or other person who makes this Return.	Harriet Simmons
Address,	207 Division St Woodberry Balto Md
Remarks,	8930003126

and schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

G. BALLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 19400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sep 6 — 1893
4. *Place of Birth, (Street and Number)*	306 S. Caroline St.
5. *Full Name of Mother,*	Maggie Green
6. *Mother's Maiden Name,*	Coy
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr John Green
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Margeth Davis
Address,	206 S. Spring St.
Remarks,	0930003127

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. S. SHLATY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Sept 6th 1893
4. *Place of Birth, (Street and Number)*	# 114 Lombard Str
5. *Full Name of Mother,*	Mrs Amelia Hammond
6. *Mother's Maiden Name,*	Miss " Tibbis
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Hermann Hammond
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	#2127 W Pratt Str
Remarks,	6930003128

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 49907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 6 1893
4. Place of Birth, (Street and Number) 810 George St
5. Full Name of Mother, Clara M Murray
6. Mother's Maiden Name, Clara M Gurry
7. Mother's Birthplace, Balto Md
8. Full Name of Father, James L Murray
9. Father's Occupation Builder
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hanks

Address, 231 Perpetual Ct

Remarks, 1893 0003129

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49963.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 6 1893
4. *Place of Birth, (Street and Number)* Carlin's st ~~Pk~~ 148
5. *Full Name of Mother,* Maggie Curran
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Garmen
8. *Full Name of Father,* Edward Curran
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Garmen

Name of Medical Attendant, or other person who makes this Return, Mary Kaplin

Address, Woodberry Ave 205

Remarks, 1893000 3130

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 14901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 6
4. *Place of Birth, (Street and Number)*	1317 Druid Hill Terrace
5. *Full Name of Mother,*	Agnes B. Fitzmaurice
6. *Mother's Maiden Name,*	Agnes V. Kelley
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Walter Fitzmaurice
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs. C. Bulaich
Address,	2859 Fulton Ave. east
Remarks,	

1893 0003131

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 6, 1893

4. Place of Birth, (Street and Number) Cor Edmondson Ave & Old Columbia Road

5. Full Name of Mother, Maggie Hunt

6. Mother's Maiden Name, Wise

7. Mother's Birthplace, Balto

8. Full Name of Father, Jas. A. Flint

9. Father's Occupation, Janitor Stock Exchange

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. L. Hammond M.D.

Address, 1893 Eutaw Place

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 149906.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* F
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 6, 93
4. *Place of Birth, (Street and Number)* 703 Monroe st
5. *Full Name of Mother,* Emma Giles
6. *Mother's Maiden Name,* " Owings
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* E. M. Giles
9. *Father's Occupation,* Lithographer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 100 N Edmondson Ave

Remarks, 8 9 3 0 0 0 5 1 3 3

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. A 49007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Sept 6th 1893

4. Place of Birth, (Street and Number) 113 N Central Ave

5. Full Name of Mother, Catherine Traynor

6. Mother's Maiden Name, Hil

7. Mother's Birthplace, Hanover Pa

8. Full Name of Father, Dan Traynor

9. Father's Occupation Retired mason

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S. H. Silver M.D.

Address, 1201 E Lanvale St

Remarks, 6 9 3 0 0 0 3 1 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

A 49908.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 6 1883
4. Place of Birth, (Street and Number) Jackson st Homestead Ave
5. Full Name of Mother, Sarah C Byrne Kidd
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father, Francis P Byrne
9. Father's Occupation, Machinist
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, H. Young, Westbrook Ave 3

Address, 227 Gorsuch Ave

Remarks, 1893000 3135

The Mother or Nurse in attendance upon the mother, at the time of the birth of a child, shall report the said birth, and the occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 49909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 6 1893

4. Place of Birth, (Street and Number) 302 Washington St (Hamilton Ave)

5. Full Name of Mother, Luela C Read

6. Mother's Maiden Name, Patten

7. Mother's Birthplace, Md

8. Full Name of Father, John G Read

9. Father's Occupation, Labor

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Geo Westbrook M.D.

Address, 237 Goldsmith Ave

Remarks, 893000313 6

The said sheriffs shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person above required, and said sheriffs shall immediately thereafter report to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Black Sylvia [illegible]
4. *Place of Birth, (Street and Number)*	1111 Hoard Place
5. *Full Name of Mother,*	Lizzie Fallon
6. *Mother's Maiden Name,*	Lizzie Kearney
7. *Mother's Birthplace,*	Ireland.
8. *Full Name of Father,*	Peter Fallon
9. *Father's Occupation*	Police Officer
10. *Father's Birthplace,*	Luzern County Pa
Name of Medical Attendant, or other person who makes this Return,	Mrs. C. Christina Larsen
Address,	1039 Harford Ave
Remarks,	Balto City.

B 9 3 0 0 0 3 1 3 7 dd.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 6 of September
4. Place of Birth, (Street and Number) No 129 Rodgers Ave
5. Full Name of Mother, Flora Hughes
6. Mother's Maiden Name, Flora Freeman
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James E Hughes
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mr Harriet Jackson

Address, No 129 Rodgers Ave

Remarks, 1893000 1138

Sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept 27. 5 45 P M 1893

4. Place of Birth (Street and Number), 444 N Collington Ave

5. Full Name of Mother, Inga Lebus

6. Mother's Maiden Name, L. Dehler

7. Mother's Birthplace, Balto City

8. Full Name of Father, Fred. C. Lebus

9. Father's Occupation, Engineer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Jane E. Denville M.D.

Address, 1401 Baltimore Ave

Remarks,

1893 0003139

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. A 49913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 7 1893
4. *Place of Birth, (Street and Number)*	2128 S. Charles St
5. *Full Name of Mother,*	Ida M. Watson
6. *Mother's Maiden Name,*	Ida M Phillips
7. *Mother's Birthplace,*	Howard Co Md
8. *Full Name of Father,*	Wm R. Watson
9. *Father's Occupation*	Brakeman B.T.O.R.R.
10. *Father's Birthplace,*	Anne Arundel Co Md
Name of Medical Attendant, or other person who makes this Return,	B.F. Phillips M.D.
Address,	753 W Lexington St
Remarks,	1893000314 0

Such certificate shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 43912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Whit
3. Date of Birth, Sept. 7/93
4. Place of Birth, (Street and Number) 608 Irvine st.,
5. Full Name of Mother, Elizabeth Mary Lanpher.
6. Mother's Maiden Name, " " Abrahams.
7. Mother's Birthplace, London, Eng.
8. Full Name of Father, Oakland K. Lanpher.
9. Father's Occupation Sun carrier.
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, [illegible] Keyser

Address, 23 S Poppleton St

Remarks, 8930003141

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 4995.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 7 1893
4. Place of Birth, (Street and Number) Schaffer st 106
5. Full Name of Mother, Louisa Freitag
6. Mother's Maiden Name,
7. Mother's Birthplace, Saxony
8. Full Name of Father, John Freitag
9. Father's Occupation Barber
10. Father's Birthplace, Saxony

Name of Medical Attendant, or other person who makes this Return, Mary Knefler

Address, Washington ave

Remarks, 1893000314 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 19916.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 7 1893

4. Place of Birth, (Street and Number) Philadelphia Road

5. Full Name of Mother, Carrie Geller

6. Mother's Maiden Name, Gorman

7. Mother's Birthplace, John Geller

8. Full Name of Father, Barber

9. Father's Occupation, Farmer

10. Father's Birthplace, Mary Kapple

Name of Medical Attendant, or other person who makes this Return, Washington Co

Address,

Remarks, 1893000314 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of said child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 4997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 7th 1893
4. *Place of Birth, (Street and Number)* 139 Chestnut-al
5. *Full Name of Mother,* Mary Green,
6. *Mother's Maiden Name,* Kelsey,
7. *Mother's Birthplace,* Richmond Va,
8. *Full Name of Father,* Wm Green
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1124 Park ave

Remarks, 1893 0003144

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

5

RETURN OF A BIRTH A 19918.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) X
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 7, 93
4. Place of Birth, (Street and Number) 1308 Hanover St
5. Full Name of Mother, Susan Healy
6. Mother's Maiden Name, " James
7. Mother's Birthplace, Va
8. Full Name of Father, E Nunez Healy
9. Father's Occupation, Salesman
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1002 Edmondson Ave

Remarks, 8 9 3 U 0 0 3 1 4 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A. 46019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 14 I Instant
4. *Place of Birth, (Street and Number)*	#13 Medina St Mansion
5. *Full Name of Mother,*	Mary J McCann
6. *Mother's Maiden Name,*	Mary J Mahony
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael McCann
9. *Father's Occupation*	Life Insurance Collector.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Christina Lauer
Address,	1019 Harford Ave.
Remarks,	Baltimore City.
	6930003146 Md.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-25-56

RETURN OF A BIRTH A. 40970

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Arthur Edward McCormick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Sept 7th 1893

4. *Place of Birth, (Street and Number)* 217 Jefferson Place

5. *Full Name of Mother* Anna McCormick

6. *Mother's Maiden Name* Anna McNeill

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John H. McCormick

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amanda Taylor Ferris, M.D.

Address 871 Harlem Ave

Remarks

1893 0003147

Physicians, Midwives, or other persons in charge, are required to report within five days after birth occurs, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A 19971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 8th 1895
4. *Place of Birth, (Street and Number)*	251 Broadway
5. *Full Name of Mother,*	Florence Wiley
6. *Mother's Maiden Name,*	" Cowan
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	Wm L Wiley Jr
9. *Father's Occupation,*	Bank Clerk
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return.	D W Cathell MD
Address,	1368 N Charles St
Remarks,	

1893 0 0 0 3 1 4 8

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E. SLADE & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 179977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 8 1893

4. Place of Birth, (Street and Number) Chester st 960

5. Full Name of Mother, Rose Kentner

6. Mother's Maiden Name, Iverson

7. Mother's Birthplace, Kenay Kentucky

8. Full Name of Father, Farled

9. Father's Occupation Farmer

10. Father's Birthplace, Mary Keyetts

Name of Medical Attendant, or other person who makes this Return, Wdelington 205

Address,

Remarks, 6 9 3 0 0 0 3 1 4 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if shall become the duty of any other person to report its birth to the Commissioner of Health, in the manner and within the period above required, said attendance upon the mother, Commissioner of Health, comply with the provisions of this section shall be child to report its birth to the who shall hereafter fail to any such person or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable. Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

B-49923.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 1893 0003150

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 11992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 8/93
4. *Place of Birth, (Street and Number)*	2621 Mary St.
5. *Full Name of Mother,*	Mrs Morris F. Keeley
6. *Mother's Maiden Name,*	Cecelia O'Connor
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Morris F. Keeley
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Lowell Mass
Name of Medical Attendant, or other person who makes this Return,	E. A Smith M.D.
Address,	2508 Penna. Ave.
Remarks,	1893 0003151

GEO. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth. September 6th 1893

4. Place of Birth, (Street and Number) 116 Arlington ave

5. Full Name of Mother, Jane Essex

6. Mother's Maiden Name, Jane Wolf

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Essex

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mitchell

Address, 216 Parkin st

Remarks, 1893 0 0 0 3 1 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-24-58

RETURN OF A BIRTH. A 19976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry A. Litzau

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 8th 1893
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, Julius Theresa Litzau
6. Mother's Maiden Name, Theresa Schalk
7. Mother's Birthplace, Germany
8. Full Name of Father, Julius Litzau
9. Father's Occupation, Milk-man
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1893000315 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four children

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth, bond on 4 of september morning
4. Place of Birth, (Street and Number) 258 s Dallas St between Hanover
5. Full Name of Mother, Mary Lusier ducket
6. Mother's Maiden Name, Mary Lusier hiner
7. Mother's Birthplace, north climey
8. Full Name of Father, patrick ducket
9. Father's Occupation occupation federzeile company
10. Father's Birthplace, prince George county Md

Name of Medical Attendant, or other person who makes this Return, hester henson

Address, 1110 921 granby St

Remarks,

1893000 3154

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 14998.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 8th 1893
4. Place of Birth, (Street and Number) Dukes Hotel. S.W. Cor Calvert & Fayette
5. Full Name of Mother, May M. Baptista
6. Mother's Maiden Name, " " Robinson
7. Mother's Birthplace, Penna
8. Full Name of Father, John Baptista
9. Father's Occupation, Sculptor
10. Father's Birthplace, France Co (2) Raymond md.

Name of Medical Attendant, or other person who makes this Return,

Address, 711 N Calvert St.

Remarks, 18930003155

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month by the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the duty of the person in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health. In the matter the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 19079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 8. 1893
4. *Place of Birth, (Street and Number)*	320 E. 21st Street
5. *Full Name of Mother,*	Elizabeth Cecilia Ritter Hines
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Adam Ritter
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Marbury Brewer M.D.
Address,	1106 McCulloh Street
Remarks,	1893 0 0 0 3 1 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 19930.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 8 1930

4. Place of Birth, (Street and Number) 1624 Belair Ave

5. Full Name of Mother, Maria Lemon

6. Mother's Maiden Name, Maria Meyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Bob Lemon

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600 N. Chester St near Belair Ave

Remarks, 1893000315 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty within the period above required, and attendance upon birth to the Council hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

A 4931

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~State whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~State whether~~ male ~~or female~~)
2. *Race or color,* (~~If not of the~~ white ~~race~~)
3. *Date of Birth,* Dec 8th 1893
4. *Place of Birth, (Street and Number)* 671 N Franklin
5. *Full Name of Mother,* Emma Zymanski
6. *Mother's Maiden Name,* Lubert
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Gustav Zymanski
9. *Father's Occupation,* Upholster
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Pearce Kintzing MD

Address, 601 N Franklin St.

Remarks, 1893 0003158

No

J. D. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 49937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 9th '93
4. Place of Birth, (Street and Number) 642 George St.
5. Full Name of Mother, Mollie Wells
6. Mother's Maiden Name, " Langeal
7. Mother's Birthplace, Balto. City
8. Full Name of Father, George B. Wells
9. Father's Occupation. Clerk
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

1893 0003159

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 19933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 9' 1893
4. Place of Birth, (Street and Number) 644 E. Fort Ave.
5. Full Name of Mother, Clara Josephine Bell Sullivan
6. Mother's Maiden Name, White Oak Md.
7. Mother's Birthplace, Walter Bell
8. Full Name of Father, Private, U.S. Army
9. Father's Occupation Albany, N.Y.
10. Father's Birthplace, Roe O 6 Polaine M.D.

Name of Medical Attendant, or other person who makes this Return, 458 Riverside Ave.

Address,

Remarks, 1093000316 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of twenty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

A 49932

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept 9. 1893. 3. A. M.
4. *Place of Birth, (Street and Number)*	1001. George St
5. *Full Name of Mother.*	Theresa McKenna
6. *Mother's Maiden Name.*	Theresa Meanbaugh
7. *Mother's Birthplace,*	Baltimore. Md
8. *Full Name of Father.*	Wm McKenna
9. *Father's Occupation,*	Mechanic
10. *Father's Birthplace.*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	A H Sarton M D
Address.	
Remarks.	Forceps delivery

1893 0 0 0 3 1 6 1

Co. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 44335.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September the 9
4. Place of Birth, (Street and Number) 403 a Bond St
5. Full Name of Mother, Leppie Fallin
6. Mother's Maiden Name, Dorar E Leppie Badham
7. Mother's Birthplace, Edenton N C
8. Full Name of Father, Louis Fallin
9. Father's Occupation, Labor
10. Father's Birthplace, Virginia county Va

Name of Medical Attendant, or other person who makes this Return, Dr Son Cooper

Address,

Remarks, 1893 0003162

This Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-19935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 9th 1893
4. Place of Birth, (Street and Number) 1418 Lafayette ave
5. Full Name of Mother, Ada L James
6. Mother's Maiden Name, " " Joy
7. Mother's Birthplace, Charles Co Md
8. Full Name of Father, Edmund James
9. Father's Occupation, Carpenter
10. Father's Birthplace, St Marys Co Md

Name of Medical Attendant, or other person who makes this Return, Wm L Warner M.D

Address, 901 N Arlington Ave

Remarks, 1893 0003163

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Any physician or midwife who shall neglect to report any birth at which he or she shall be present, or which he or she shall be called to attend, within the time prescribed by this section, shall be liable to a penalty of five dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child

RETURN OF A BIRTH. A 49937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept 9th 1893
4. *Place of Birth, (Street and Number)*	1600 Lafayette Ave
5. *Full Name of Mother,*	Alice White
6. *Mother's Maiden Name,*	" Mc Donald
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	J Wesley White
9. *Father's Occupation,*	Druggist
10. *Father's Birthplace,*	Anne Arundel Co.
Name of Medical Attendant, or other person who makes this Return.	Mrs Hamer M.D.
Address,	901 N Arlington Ave
Remarks,	1893 0003164

Said Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GEO. J. GUILANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 49938

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Second

1. *Sex.* (state whether male or female) Female Male

2. *Race or Color.* (if not of the white race) White

3. *Date of Birth.* Sept 9, 93

4. *Place of Birth.* (Street and Number) 705 N Lexington St.

5. *Full Name of Mother.* Jennie J. Hoyle

6. *Mother's Maiden Name.* Jennie J Wilson

7. *Mother's Birthplace.* Woodberry Balto. Co. Md

8. *Full Name of Father.* Unknown

9. *Father's Occupation.* Unknown

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return Chas. H. Files

Address.

Remarks.

1893 0 0 0 3 1 6 5

CO. CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-8-56

RETURN OF A BIRTH

A 49939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Alvin Ignatius Lawrence first

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 5 1853

4. Place of Birth, (Street and Number) 217 Gorsuch Ave

5. Full Name of Mother, Mary Lawrence

6. Mother's Maiden Name, — — Gruner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Lawrence

9. Father's Occupation, Brass Molder

10. Father's Birthplace, Md. Wayne, Westmorld Co. Pa.

Name of Medical Attendant, or other person who makes this Return

Address, 217 Gorsuch Ave

Remarks, 1893000316 6

...ectable shall be delivered, duly signed by the practitioner in the form of a certificate between the next and ...day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...all occur without the attendance of a physician or practitioner, the duty of the person or parents of such ...attendance upon the mother, immediately after the birth, to report the same to the Commissioner of Health, in the manner and with the particulars of this section shall be exhibited to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...CHAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 49960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th Sept 1893
4. Place of Birth, (Street and Number) Curley St
5. Full Name of Mother, Mildred Louisa Himes
6. Mother's Maiden Name, M. L. Chiswell
7. Mother's Birthplace, Fredericksburg Va.
8. Full Name of Father, Theodore Himes
9. Father's Occupation, Porter
10. Father's Birthplace, Fredericksburg Va.

Name of Medical Attendant, or other person who makes this Return. Louisa Chiswell

Address, 2438 Canton Ave

Remarks, 1893000 3167

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every birth occurring in the city of Baltimore shall be reported to the Commissioner of Health, within ten days after such birth, by the physician or midwife in attendance, and in case there shall be no physician or midwife in attendance, then by the householder or owner of the premises where such birth occurs, within ten days after the occurrence of such birth, and the Commissioner of Health shall furnish blank forms for the purpose of such returns, which shall be made in accordance with such forms, and shall contain the date of birth, the sex, color, the name and occupation of the parents of such child, and such other information as may be required by the Commissioner of Health. No certificate of birth shall be required to be made for any child whose birth has been registered in accordance with the provisions of this section. Any midwife in attendance upon a birth shall, within ten days after the occurrence of such birth, make a return thereof to the Commissioner of Health, and for the purpose of such return it shall become the duty of the person or persons in charge of any lying-in asylum, hospital or other institution, to make a return of all births occurring therein, and it shall be the duty of the Commissioner of Health to

GIVEN NAME ADDED 12-31-52

RETURN OF A BIRTH A 14941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Mary Waters~~ Davy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, Sept. 10 - 1893
4. Place of Birth (Street and Number), 805 Park Ave
5. Full Name of Mother, Mrs. Susan W. Davy
6. Mother's Maiden Name, Susan Emily Waters
7. Mother's Birthplace, Somerset Co. Md
8. Full Name of Father, Edmund J. Davy
9. Father's Occupation, Farmer
10. Father's Birthplace, Somerset Co. Md

Name of Medical Attendant, or other person who makes this Return. Edwin K. Ballard M.D.

Address, 805 Park Ave.

Remarks, 1893 0003168

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

tion e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 49927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday Sept 10 93
4. *Place of Birth, (Street and Number)*	121 Rutter alley
5. *Full Name of Mother,*	Ellenora Johnson
6. *Mother's Maiden Name,*	Ellenora Mather
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Wm Johnson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Allen K Hodel M D
Address,	1143 Park ave
Remarks,	

1893 0003169

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 499 43

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Pauline Amalia ~~Kirschmann~~ 2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	10th of September 90. 1 A.M.
4. *Place of Birth, (Street and Number)*	214 E. Randall St, Balto.
5. *Full Name of Mother,*	Matilda M. Kirschmann
6. *Mother's Maiden Name,*	Matilda M. Brown
7. *Mother's Birthplace,*	Richmond Va
8. *Full Name of Father,*	W. J. Kirschmann
9. *Father's Occupation*	Pastor Salem Church
10. *Father's Birthplace,*	Beach City, Ohio.
Name of Medical Attendant, or other person who makes this Return,	
Address,	Woodline Primary Fort & Clay N. 499
Remarks,	GIVEN NAME ADDED. 8-28-952

And whereas the said Practitioners are required by the Practitioners in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 49946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Sep. 10th
4. *Place of Birth, (Street and Number)*	1102 Edmondson av
5. *Full Name of Mother,*	Blanche Elizabeth Skinner
6. *Mother's Maiden Name,*	" " Schmidt
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	William F Skinner
9. *Father's Occupation,*	Sea captain.
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	Dr W P Morgan
Address,	316 W Monument St
Remarks,	1093000317 1

...ion Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept. 10th.

4. Place of Birth, (Street and Number) 723 Hanover St.

5. Full Name of Mother, Amelia Ann Thomas

6. Mother's Maiden Name, " " Wilson

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Wm. Edward Thomas

9. Father's Occupation Porter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Ann Cornish

Address, 871 Boyd St.

Remarks, 1693 0003172

Any person required by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CITY NAME ADDED 2-4-55

RETURN OF A BIRTH. A 49947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Howard ~~Meile~~ Meile

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 11th 1893
4. Place of Birth, (Street and Number) No. 16 Loudon Ave
5. Full Name of Mother, Maggie Meile
6. Mother's Maiden Name, Maggie Link
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John G. Meile
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1893 0 0 0 3 1 7 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49948.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 –
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Sept 11-93
4. *Place of Birth, (Street and Number)*	237 S Bond
5. *Full Name of Mother,*	Jennie Dougherty-Lennon
6. *Mother's Maiden Name,*	Dougherty
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Robt Dougherty-
9. *Father's Occupation*	Inman
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	Jno Mullowney
Address,	107 E Monument
Remarks,	1893000317 4

Every person in charge of the case, or in attendance upon the mother, shall report the birth, the full name and occupation of the parents, the date of birth, and the sex of each child born alive, and the number of children born to the mother, including those born dead, and the street and number of the house where the birth occurred, and the name and address of the physician or midwife in attendance, if any, and if there be no physician or midwife in attendance, then the name and address of the householder, or other person having knowledge of the facts, shall report the same, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A 199 49

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 11th 1892
4. Place of Birth, (Street and Number) 144 Aisquith Street
5. Full Name of Mother, Fannie Byrnes
6. Mother's Maiden Name, Fannie Angle
7. Mother's Birthplace, Rocky Mountain Virginia
8. Full Name of Father, Thomas J. Byrnes
9. Father's Occupation, Sells candy & Driver wagon
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, James E. Oldsford M.D.

Address, 144 Aisquith Street

Remarks,

1893 0003175

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 4950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of second twin – Herman Sigurd Walter
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9-10 the

1. Sex, (state whether male or female) Males
2. Race or Color, (if not of the white race) — —
3. Date of Birth, Sept 12th 1893
4. Place of Birth, (Street and Number) No 928 N Ebery st
5. Full Name of Mother, Alice Walter
6. Mother's Maiden Name, Hansel
7. Mother's Birthplace, Phila Pa
8. Full Name of Father, John P Walter
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr E Stern
Address, Oct 1907 E Monument st

Remarks, 1893 0003176

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Sept 12th 1893
4. Place of Birth, (Street and Number) # 346 Bantelow Str
5. Full Name of Mother, Mrs Josephine Steinman
6. Mother's Maiden Name, Miss J. Bucksweiler
7. Mother's Birthplace, Darmstadt Germany
8. Full Name of Father, Martin Steinman
9. Father's Occupation Tailor
10. Father's Birthplace, Russland Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Hiller

Address, # 2127 W. Pratt Str

Remarks, 8 9 3 0 0 0 3 1 7 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 12 " 1893
4. *Place of Birth, (Street and Number)*	247 chestnut av
5. *Full Name of Mother,*	Emma Jones
6. *Mother's Maiden Name,*	Emma Kanney
7. *Mother's Birthplace,*	Washington D C
8. *Full Name of Father,*	George W Jones
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Howard co
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Timmerman
Address,	Hampden
Remarks,	1893000317 8

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the ... third day of each and every month by the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. ELLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 49953.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept-17 1893
4. Place of Birth (Street and Number), 1834 Westphalia place
5. Full Name of Mother, Katie Wicker
6. Mother's Maiden Name, Plister
7. Mother's Birthplace, Germany
8. Full Name of Father, Julius Wicker
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. E Donaldson

Address, 1811 Westphalia place

Remarks, Mar Bd Health Mar

1893 0003179

The certificate herein required, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child at all occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) W
3. Date of Birth, Sept 12, 93
4. Place of Birth, (Street and Number) 1823 Canton Av
5. Full Name of Mother, Mary Ino Zimmerman
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Wm F Ino Supernhardt
9. Father's Occupation BC
10. Father's Birthplace, Dr Miller

Name of Medical Attendant, or other person who makes this Return,

Address, 1407 Fallsway

Remarks, 8 9 3 0 0 0 3 1 0 0

Each Physician or Midwife, or other person in attendance at a birth, is required by the provisions of this section to fill out in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A49953.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 12 th 1893

4. Place of Birth, (Street and Number) 329 Seaside Street

5. Full Name of Mother, Lavina Green

6. Mother's Maiden Name, Lavina Marshall

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Green

9. Father's Occupation Longshoreman

10. Father's Birthplace, Georgetown D C.

Name of Medical Attendant, or other person who makes this Return, Mark E Tucker M.D.

Address,

Remarks, 1893 0 0 0 7 1 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 49956.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 13, 1893

4. Place of Birth, (Street and Number) 234 Eden Pl E side

5. Full Name of Mother, Hilda K Hunter

6. Mother's Maiden Name, Hilda K Hunter

7. Mother's Birthplace, Kittson Jeff Co Miss

8. Full Name of Father, Millard Hunter

9. Father's Occupation, Laboring

10. Father's Birthplace, Maryland Co

Name of Medical Attendant, or other person who makes this Return, Wm Hunter

Address, Mt 921 Granby Ave

Remarks, 1893 0003182

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required, and attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 t
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13 f. September 1893.
4. *Place of Birth, (Street and Number)*	416 N. Castle St.
5. *Full Name of Mother,*	Marie Dietrich
6. *Mother's Maiden Name,*	Marie Miller
7. *Mother's Birthplace,*	Baltimore M. D.
8. *Full Name of Father,*	John Dietrich
9. *Father's Occupation,*	Trimmer
10. *Father's Birthplace,*	Baltimore M D
Name of Medical Attendant, or other person who makes this Return,	Mrs Ida Hille M.D.
Address,	207 N. Castle St Baltimore M. D.
Remarks,	\ \ \ \ \

1893 0 0 0 5 1 8 3

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate as above, to the nurse or other person in attendance upon the mother immediately after the birth of any child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth of any child, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 49958

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd -
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept 13 93
4. *Place of Birth, (Street and Number)*	1038 N Gay
5. *Full Name of Mother,*	Mary Beck
6. *Mother's Maiden Name,*	Mary Buchla
7. *Mother's Birthplace,*	St Marys Co
8. *Full Name of Father,*	Wm J Beck
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return,	Daniel V Moyer MD
Address,	1700 N Edw st
Remarks,	1893 0003184

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the mother, immediately thereafter. It shall become the duty of the physician or practitioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 49959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 13th
4. Place of Birth, (Street and Number) 521 Kirby Lane
5. Full Name of Mother, Lena Krumholz
6. Mother's Maiden Name, Lena Brooks
7. Mother's Birthplace, Germany
8. Full Name of Father, John Krumholz
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Kellogg Shipley

Address, 6 W Lexington

Remarks, 1893 0 0 9 1 1 5

third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-17-51

RETURN OF A BIRTH. A. 19960

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sept 13/93
4. *Place of Birth (Street and Number)*	818 Light St
5. *Full Name of Mother*	Annie Virginia Cronise
6. *Mother's Maiden Name*	Annie Virginia Flemister
7. *Mother's Birthplace*	Winchester Virginia
8. *Full Name of Father*	Jacob Harvey Cronise
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Bloomsbro Washington Co Maryland
Name of Medical Attendant, or other Person who makes this Return.	E. Michaux M. D.
Address	526 S. Sharp St
Remarks	

1893 0003 186

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 14961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 St.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 13 / 93
4. *Place of Birth, (Street and Number)*	1722 E. Platt St.
5. *Full Name of Mother,*	Laura M. Price
6. *Mother's Maiden Name,*	" " Bowers
7. *Mother's Birthplace,*	Emmitsburg, Md.
8. *Full Name of Father,*	John B. Price
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	D. C.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Sheridan
Address,	
Remarks,	1 0 7 3 0 0 0 3 1 8 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 49067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 13
4. Place of Birth, (Street and Number) 406 Brookes one
5. Full Name of Mother, Annie Shenkel
6. Mother's Maiden Name, Annie Schmeidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Shenkel
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. A. Mclunie M D

Address, 2316 Druid Hill ave

Remarks, 1593 0003188

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 49963.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Sept. 14th, 1893.
4. *Place of Birth, (Street and Number)*	1014 David Hill Ave.
5. *Full Name of Mother,*	Verna B. Morrow.
6. *Mother's Maiden Name,*	Fisher.
7. *Mother's Birthplace,*	Franklin Co., Pa.
8. *Full Name of Father,*	William J. Morrow.
9. *Father's Occupation*	Fireman (Lieut. No. 7. Engine).
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Eldridge C. Price, M.D.
Address,	953 Madison ave.
Remarks,	1893 3 0 0 0 3 1 8 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49964.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 14th 1893
4. Place of Birth, (Street and Number) No 126 Stafford St
5. Full Name of Mother, Margaret Anderson
6. Mother's Maiden Name, Margaret Parr
7. Mother's Birthplace, Jersey City N.J.
8. Full Name of Father, John Anderson
9. Father's Occupation Carpenter
10. Father's Birthplace, Kent Co Md

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks, 1893U003190

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the midwife to make and deliver said schedule to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the midwife to make and deliver said schedule to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A-49965.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th.
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Sept 14th 1893.
4. *Place of Birth, (Street and Number)*	216 Sycamore ave
5. *Full Name of Mother,*	Kate Harris
6. *Mother's Maiden Name,*	Kate Brothers
7. *Mother's Birthplace,*	Carroll Co
8. *Full Name of Father,*	Thomas Harris
9. *Father's Occupation,*	Millwright
10. *Father's Birthplace,*	Carroll Co.
Name of Medical Attendant, or other person who makes this Return.	Harriet Simmons
Address,	
Remarks,	1893 0005191

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. WILLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 49966.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Sept. 15/93
4. Place of Birth, (Street and Number) 1153 N. Calhoun
5. Full Name of Mother, Emma K. Burke
6. Mother's Maiden Name, " McDonald
7. Mother's Birthplace, B.C.
8. Full Name of Father, Bernard E. Burke
9. Father's Occupation, Electrician
10. Father's Birthplace, B.C.

Name of Medical Attendant, or other person who makes this Return. Jno. A. Nitchie

Address, 2260 E. Bdy

Remarks, 1893 0003192

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents required, and shall occur without the latter, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the time required above. In case the birth of any child shall occur without the latter, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the time required above. In case the birth of any child shall occur without the attendance of a physician or practitioner because the duty of the person or parents required, and

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 15, 1893

4. Place of Birth, (Street and Number) Walbrook (no street)

5. Full Name of Mother, Mrs. Sallie Diffenderffer

6. Mother's Maiden Name, Groverman

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Geo. K. Diffenderffer

9. Father's Occupation, Merchant

10. Father's Birthplace, Walbrook

Name of Medical Attendant, or other Person who makes this Return Jas. H. Craighill M.D.

Address, 1730 N. Charles St.

Remarks, 1893000319 3

CITY PRINTING AND STATIONERY.

place of its birth, and the said midwife shall be delivered, only during the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or shall no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, except in the case of the births and deaths of illegitimate children, and within twenty-four hours thereafter to report the birth to the Board of Health, in the manner, and to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. #9968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 15 1893
4. Place of Birth, (Street and Number) 625 E Lombard St
5. Full Name of Mother, Idie Ahlefeld
6. Mother's Maiden Name, Idie Malamet
7. Mother's Birthplace, Russia
8. Full Name of Father, Moses Ahlefeld
9. Father's Occupation, Glazier
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L Greatz

Address, 19 North High St

Remarks, 893000319 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. And be it enacted, That the Board of Health of Baltimore City shall cause to be printed and furnished to the Commissioner of Health, and to each physician, midwife, or other person who may attend upon any birth, or who may be present at the same, a sufficient number of blank schedules, to be filled out as hereinafter directed, and shall cause the same to be distributed to such persons as may be required to make return of births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the periods above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ond

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 15 Sep 23
4. Place of Birth, (Street and Number) No 1231 Central Ave
5. Full Name of Mother, Nellie Phillips
6. Mother's Maiden Name, Barnes
7. Mother's Birthplace, St Mary County, Md
8. Full Name of Father, H E Phillips
9. Father's Occupation, Railroad car cleaner
10. Father's Birthplace, Fredericksburg Md

Name of Medical Attendant, or other person who makes this Return. Mrs L Lewis

Address, No 1907 E Monument St

Remarks, 1893 0003195

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any such child occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and attendance upon birth to the Commissioner of Health. In the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49470.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 16 1893
4. Place of Birth, (Street and Number) No 567 E Monument St
5. Full Name of Mother, Mary Brannan
6. Mother's Maiden Name, Mary Manning Loudon
7. Mother's Birthplace, Maryland
8. Full Name of Father, Samuel Brannan
9. Father's Occupation Engineer on Boston Boat
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Jno. Sch. Jones
Address, No 705 E Fayette St
Remarks, Bal Md
1893000 1988

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 49971.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 17th 1896
4. *Place of Birth, (Street and Number)* 434 Oakland st
5. *Full Name of Mother,* Annie Mackey
6. *Mother's Maiden Name,* Plater
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* Louis Mackey
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Royal Oak Talbot Co Md

Name of Medical Attendant, or other person who makes this Return, Lucius Johnson

Address, 1024 Parkare

Remarks, 1693000319 7

SEC. 2. Be it further enacted, That the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. E. BULLARY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 49944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 17 1853
4. Place of Birth, (Street and Number) 235 Gorsuch Ave
5. Full Name of Mother, Christina Sherwood
6. Mother's Maiden Name, Sondergild
7. Mother's Birthplace, Md
8. Full Name of Father, Harry G Sherwood
9. Father's Occupation, Printer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, H Young Tuttrook M D

Address, 237 Gorsuch Ave

Remarks, 0930003198

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 49973.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 1. 1893
4. *Place of Birth, (Street and Number)*	No. 1749 E. Preston St
5. *Full Name of Mother,*	Kate Hassfurther
6. *Mother's Maiden Name,*	Kate Schild
7. *Mother's Birthplace,*	New York city
8. *Full Name of Father,*	August Hassfurther
9. *Father's Occupation,*	Wine Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	W. C. Sandrock
Address,	1242 N. Broadway
Remarks,	

1893 0003199

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

No. 49974.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 1. 1898.
4. Place of Birth (Street and Number)	# 1704 Canton Av.
5. Full Name of Mother	Gertrude Zerkel
6. Mother's Maiden Name	Gertrude Marks.
7. Mother's Birthplace	City
8. Full Name of Father	John Zerkel
9. Father's Occupation	Saloon-Keeper
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger, M. D.
Address	# 1709 Alice Anna St.
Remarks	

1893000003200

RETURN OF A BIRTH. A 49975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 321 Hoffman St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Mary Carter

6. Mother's Maiden Name, Curtis

7. Mother's Birthplace, Connecticut Dade

8. Full Name of Father, Charles Fortune

9. Father's Occupation Grocery

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. Dora Jane

Address,

Remarks, 6 x 2 Under 1 1/2 1693 0005 201

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 49976.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third 3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 1st 1893
4. *Place of Birth, (Street and Number)*	1538 N Fulton Ave
5. *Full Name of Mother,*	Winifred Kerr
6. *Mother's Maiden Name,*	Winifred McDonough
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	George L Kerr
9. *Father's Occupation*	Coppersmith
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Anna Mungall
Address,	543 McCulloh St
Remarks,	

B93U003202

Wm. J. C. Dulany Co., City Printers and Stationers.

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-31-51 :J

RETURN OF A BIRTH. A 44977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~James~~ John Joseph Zoller Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 17 1923
4. Place of Birth, (Street and Number) No 1006 S. Paca St.
5. Full Name of Mother, Margaret Zoller
6. Mother's Maiden Name, Braun
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Jacob Zoller
9. Father's Occupation Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Banal

Address, 711 West Lexington St.

Remarks, 1893000320 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, at the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 1st, 1893
4. *Place of Birth, (Street and Number)*	Wilkins Ave № 2008
5. *Full Name of Mother,*	Mary D Berhard
6. *Mother's Maiden Name,*	Mary D hennick
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George A Berhard
9. *Father's Occupation*	Doctor
10. *Father's Birthplace,*	Cecil Co Md
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	№ 19-22 Wilkins Ave
Remarks,	1893000204

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

49979

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 2, 1893.
4. Place of Birth, (Street and Number) No. 124 Hanford ave. ex L.
5. Full Name of Mother, Augusta Baier.
6. Mother's Maiden Name, Augusta Umbach
7. Mother's Birthplace, Germany.
8. Full Name of Father, George Baier
9. Father's Occupation Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clendell M.D.

Address, 1241 Hanford ave.

Remarks,

+ 6 9 3 0 0 0 3 2 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth must be certified, and signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 19980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c) ....

1. Sex, (state whether ~~male~~ or female) ....
2. Race or Color, (if not of the white race) ....
3. Date of Birth, Sept 2 / 1893
4. Place of Birth, (Street and Number) 1239 N. Broadway
5. Full Name of Mother, Maggie Mitchell
6. Mother's Maiden Name, " Cruetaire
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, ~~Thomas~~ Enoch
9. Father's Occupation, Mechanic
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Geo F. Taylor MD

Address, 1254 N. Broadway

Remarks, 1893000206

GEO. A. G. BULLARY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 8-21-56

RETURN OF A BIRTH. 4998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Christina Vetters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 fourth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 22 - 1894
4. Place of Birth, (Street and Number) Druid Court No 1007
5. Full Name of Mother, Wilhelmina Georgene Vetters
6. Mother's Maiden Name, Wilhelmina Georgene Meints
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Philip Henry Vetters
9. Father's Occupation, Sawyer in a Box Factory
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Anna E Smith

Address, 102 E Hamburg st

Remarks, 893000207

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. A 49982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 2nd
4. Place of Birth, (Street and Number) Baltimore, No. 727 Caston
5. Full Name of Mother, Clara N. Ose
6. Mother's Maiden Name, Clara N. Frazier.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward G. Ose.
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1893 0002 08

Every Return shall be received only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 44983.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 3 Oct 1923
4. *Place of Birth, (Street and Number)* 210 E Lanvale
5. *Full Name of Mother,* Katie Lewis
6. *Mother's Maiden Name,* Kinglenicky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* William Lewis
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Peterman

Address, 1-9 Albemarle

Remarks,

1923 00073999

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the duly of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subary such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 Sept 1903
4. *Place of Birth, (Street and Number)* 9 N Eighth
5. *Full Name of Mother,* Ada Spector
6. *Mother's Maiden Name,* Parsons
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Simon Spector
9. *Father's Occupation* Store keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

8 9 3 0 0 0 3 2 1 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 149985.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 4
4. Place of Birth, (Street and Number) Baltimore 1117 Sterett st
5. Full Name of Mother, Sarah Ella Rollins
6. Mother's Maiden Name, Sarah Ella Shipley
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William T. Rollins
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Barnes.

Address, 711 West Cross St.

Remarks,

8930003211

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 4998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th September
4. *Place of Birth, (Street and Number)* 617 Myrtle St.
5. *Full Name of Mother,* Laura V. Evans
6. *Mother's Maiden Name,* Laura Hinkle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Williams F Evans
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* York Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Barry

Address, 711 Lexington St

Remarks,

1893000 7212

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

49987.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 Apt 1893
4. Place of Birth, (Street and Number) 2 Chase St
5. Full Name of Mother, Elizabeth Eichler
6. Mother's Maiden Name, Russin
7. Mother's Birthplace, Prussia
8. Full Name of Father, Peter Eichler
9. Father's Occupation Painter
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return. E. Schwarzlose

Address, 115 Albemarle St

Remarks,

693000-213

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring in the city must be reported by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 Sept 1833
4. Place of Birth, (Street and Number) 34 N. Fremont
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

8930003214

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. H9989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 5th 1893

4. Place of Birth, (Street and Number) 912 N Castle St

5. Full Name of Mother, Caroline Lang

6. Mother's Maiden Name, Caroline Pfeiffer

7. Mother's Birthplace, Hessenburg

8. Full Name of Father, Georg Lang

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Hessenburg

Name of Medical Attendant, or other person who makes this Return, Aloisia Svatora

Address, 1010 Durham st

Remarks, 8930000 3215

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. H9990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 5 Feb 1893

4. Place of Birth, (Street and Number) 908 Pierce St

5. Full Name of Mother, Isabella Johnson

6. Mother's Maiden Name, Armstead

7. Mother's Birthplace, City

8. Full Name of Father, David Johnson

9. Father's Occupation waiter

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mary E Owens

Address, 1121 Saratoga St

Remarks, 8930003216

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 49991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 5 Sept 1893
4. Place of Birth, (Street and Number) 54 Parish Alley
5. Full Name of Mother, Anne Arundel Co Md
6. Mother's Maiden Name, Minnie Wallace
7. Mother's Birthplace, Thomas
8. Full Name of Father, Walter Wallace
9. Father's Occupation Waiter
10. Father's Birthplace, Anne Arundel Co Md

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1121 Saratoga St

Remarks, 1893 0003217

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-22-58

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	september 5th 1893
4. Place of Birth, (Street and Number)	#. 720 w. cross stre
5. Full Name of Mother,	Lizzie A. Lay
6. Mother's Maiden Name,	Lizzie J. Taylor
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	august. F. Lay
9. Father's Occupation	store keper
10. Father's Birthplace,	Harford Co md
Name of Medical Attendant, or other person who makes this Return,	Miss Banagl.
Address,	711 West Cross St
Remarks,	8930003218

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 49993.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September the 6 1923

4. Place of Birth, (Street and Number) Dayton 3 to 3 14

5. Full Name of Mother, Estell McCamey

6. Mother's Maiden Name, Estell Boyle

7. Mother's Birthplace, Baltimore

8. Full Name of Father, David Ramsey

9. Father's Occupation Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C A Kelly

Address, 1922 Wilkins Ave

Remarks, 8930003219

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the knowledge of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, said child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 49994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 September
4. Place of Birth, (Street and Number) 411 Reinhardt St
5. Full Name of Mother, Augusta E Lauenhahn
6. Mother's Maiden Name, Emilie A Schilling
7. Mother's Birthplace, Eisenach Germany.
8. Full Name of Father, Carl A Lauenhahn
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Eisenach Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 Gartlarge St.

Remarks, 1893 0003220

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 4-6-55

RETURN OF A BIRTH.

D 49995

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Mabel Marie Taylor	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 7th, 1893
4. Place of Birth (Street and Number)	# 2129 Fairmount Av.
5. Full Name of Mother	Ella Lee Taylor
6. Mother's Maiden Name	" " Gathwright
7. Mother's Birthplace	Baltimore City, Md.
8. Full Name of Father	Richard A. Taylor
9. Father's Occupation	Sea-Captain
10. Father's Birthplace	Essex Co. Va.
Name of Medical Attendant, or other Person who makes this Return.	John H. Rahberger
Address	# 709 Alice Anna St.
Remarks	

1 8 9 3 0 0 0 3 2 2 1

RETURN OF A BIRTH. A 49996.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sixteenth Dec 7 1923
4. *Place of Birth, (Street and Number)*	1922 Wilkins Ave
5. *Full Name of Mother,*	Mary A Tolan
6. *Mother's Maiden Name,*	Mary A Norman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph H Tolan
9. *Father's Occupation*	Brass finisher
10. *Father's Birthplace,*	Germany E C U S
Name of Medical Attendant, or other person who makes this Return,	Mr J Kelley
Address,	1922 Wilkins Ave
Remarks,	1893000322

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A#9997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 24 1893.
4. Place of Birth, (Street and Number) 1301 East St.
5. Full Name of Mother, Ella M Petri.
6. Mother's Maiden Name, " " Chipley
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, Geo H. Petri.
9. Father's Occupation Mechanic
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W E Penny M.D.

Address, 700 E. Chase St.

Remarks, 893000 3223

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 49998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep. 8" 1893.
4. Place of Birth, (Street and Number) Md Lying In Hosp. 817 Linden Ave
5. Full Name of Mother, Emma Fuller
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton M.D. Md. Lying in Hospital

Address,

Remarks, 6930003224

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

Orie

RETURN OF A BIRTH. 49999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2nd~~ Frank William Dawson

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 8 1893.

4. Place of Birth, (Street and Number) 438 N. Bible St.

5. Full Name of Mother, Mary E. Dawson

6. Mother's Maiden Name, Kuns

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Orie Dawson

9. Father's Occupation Druggist

10. Father's Birthplace, ~~Baltimore~~ Delaware

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address,

Remarks, 8930007225

Wm. J. C. Dulany Co., City Printers and Stationers

...shall occur, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after its birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	September 8/93
4. Place of Birth, (Street and Number)	1236 Hillen St
5. Full Name of Mother,	Mrs Maggie Cadden
6. Mother's Maiden Name,	" Connor
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Robert Cadden
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann O Connor
Address,	1112 Hanbert St
Remarks,	8930003226

Said schedule shall be delivered, duly signed by the Physician in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-14-56

RETURN OF A BIRTH.

50001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Ethel ~~Stevens~~ Nevens

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 9/93
4. Place of Birth, (Street and Number) 1332 E. F. C.
5. Full Name of Mother, Ida Louise Stevens.
6. Mother's Maiden Name, Lang
7. Mother's Birthplace, Balt
8. Full Name of Father, Joseph Stevens.
9. Father's Occupation Policeman
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address,

Remarks, 6930003227

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 50007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) African
3. Date of Birth, September 8
4. Place of Birth, (Street and Number) 5608 Baker st
5. Full Name of Mother, Minnie Gray
6. Mother's Maiden Name, Minnie Jones
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward Gray
9. Father's Occupation, Hod carrier
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 5610 Vincent st

Remarks, 8930003228

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 30003.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 8 03
4. *Place of Birth, (Street and Number)* 129 Albemarle St
5. *Full Name of Mother,* Rachel Cohen
6. *Mother's Maiden Name,* Rachel Weinberg
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Israel Cohen
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Schreiber

Address, 129 Albemarle St

Remarks,

8930003229

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 50002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 8 - 1895
4. *Place of Birth, (Street and Number)* 916 N. Charles
5. *Full Name of Mother,* Mrs Schmeck
6. *Mother's Maiden Name,* Miss Scrad
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Thomas Schmeck
9. *Father's Occupation.* Mechanic
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. Geo F. Taylor M.D.

Address, 1754 N. Bond

Remarks, 18930003230

been conferred) its sex, color, the full name and occupation of its parents, the date of the first and ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... to the office of the Commissioner of Health. In case no other person be ... third day of each and every month to the office of the Commissioner of Health, or should no physician or practitioner ... attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and ... shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 500005.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 8 11 1893
4. Place of Birth, (Street and Number)	1014 Eastern Ave
5. Full Name of Mother,	Amelia Lang
6. Mother's Maiden Name,	Amelia Oheisz
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John Lang
9. Father's Occupation	Fed Dealer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs A Heesemeyer
Address,	543 N Decatur St
Remarks,	1893000323 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the aid of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30006.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 1st 1893
4. Place of Birth, (Street and Number) 635 S. Patterson Park Ave. Balto.
5. Full Name of Mother, Mary B. Riley.
6. Mother's Maiden Name, Mary B. Nagel.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas F. Riley.
9. Father's Occupation, Fish dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Chas. H. Taylor

Address, 1615 S. Patterson Park Ave. Balto.

Remarks, 8930003232

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

CITY NAME ADDED 6-22-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Raymond Bond Grant

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	1st
1. Sex, (state whether male ~~or female~~)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 9th 1893
4. Place of Birth, (Street and Number)	1201 E. Townsend St
5. Full Name of Mother,	Elizabeth S. Grant
6. Mother's Maiden Name,	Elizabeth D Sweeting
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Wm Grant
9. Father's Occupation,	Medical Student
10. Father's Birthplace,	Wilmington Delaware
Name of Medical Attendant, or other Person who makes this Return	A. K. Bond M.D
Address,	889 Park Avenue
Remarks,	8930003233

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth and death of illegitimate children, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 57008.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep. 9 1893. 10½ p.m.
4. Place of Birth, (Street and Number) 303. W. Hoffman Str.
5. Full Name of Mother, Mrs. Cora Coper
6. Mother's Maiden Name, Cora Cool
7. Mother's Birthplace, Washington
8. Full Name of Father, William Coper
9. Father's Occupation, Agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Marie Czarra

Address, 303. W. Hoffman Str.

Remarks, 1 6 9 3 0 0 0 3 2 3 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without a physician or practitioner the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the birth to the Commissioner of midwifery, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered

WM. J. D. BULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 50009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 9th 20 years of age
4. *Place of Birth, (Street and Number)* 10 Poultney St
5. *Full Name of Mother,* Catharine Elizabeth Louis
6. *Mother's Maiden Name,* Catharine Elizabeth Reinhardt
7. *Mother's Birthplace,* York Pa
8. *Full Name of Father,* John Jacob Louis
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Katie Hüni M.D.

Address, 600 Leadenhall St

Remarks, 8 9 3 0 0 0 3 2 3 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) black

3. Date of Birth, Sept. 1st 1893.

4. Place of Birth, (Street and Number) Md Lying in Hosp. 817 Linden Ave

5. Full Name of Mother, Alice Hill

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Ann. Annapolis Co Md

8. Full Name of Father, Unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton, M.D. Md. Lying in Hospital

Address,

Remarks, 18930003236

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 50011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 Sept 1903
4. *Place of Birth, (Street and Number)* 974 E Pratt St
5. *Full Name of Mother,* Ida Bauer
6. *Mother's Maiden Name,* Glazier
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Simon Bauer
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8930003237

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the full name, sex, color, the full name of its parents, of a certificate between the first and been conferred, shall be delivered, duly signed by the practitioner in the form of Health. In case the birth of any child said schedule each and every month to the office of the Commissioner of Health, or should no other person or third day of each without the attendance of a physician or midwife, of the person or parents of such shall occur without the mother, immediately thereafter, in the manner and within the provisions of this section shall be sub- attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Sept 7 '93
4. *Place of Birth, (Street and Number)*	1534 N. Washington St.
5. *Full Name of Mother,*	Lillian May Rice
6. *Mother's Maiden Name,*	" " Cromwell
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry L. Rice
9. *Father's Occupation,*	Brewer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1519 N. Broadway
Remarks,	Name of child at Dealey Henry Rice 2 3 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 1-18-51

RETURN OF A BIRTH. A 30013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Brantley~~ Duval Switzer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 1st 1893
4. Place of Birth, (Street and Number) 1207 Madison Ave
5. Full Name of Mother, Elizabeth ~~Switz~~ Switzer
6. Mother's Maiden Name, Elizabeth ~~Switzer~~ Duval
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob ~~Switzer~~ Switzer
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs A Dreyerschke

Address, 747 Mt Pleasant Ave

Remarks, 1893 U 0003239

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 6.
4. *Place of Birth, (Street and Number)* 716 Fort Ave City
5. *Full Name of Mother,* Mary E. Schley
6. *Mother's Maiden Name,* Harrison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob S. Schley
9. *Father's Occupation* Can Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 812 Leadenhall St

Remarks, 1893 0003240

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 September 1893
4. *Place of Birth, (Street and Number)* 101 Durham st
5. *Full Name of Mother,* Fanie Vanik
6. *Mother's Maiden Name,* Fanie Kucera
7. *Mother's Birthplace,* Bohmen Europa
8. *Full Name of Father,* Frank Vanik
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Bohmen Europa

Name of Medical Attendant, or other person who makes this Return, Aloise Sintora

Address, 1010 Durham st

Remarks, 1 8 9 3 0 0 0 3 2 4 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50016.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, Sept 10. 1898.
4. Place of Birth, (Street and Number) Md Lying In Hosp. 817 Lombard
5. Full Name of Mother, Mary Barker
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, unknown.
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton, M.D.

Address, Md Lying-in Hospital

Remarks,

8930003242

month, and shall set forth as far as the same can be ascertained the full name and occupation of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 5007.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) black
3. Date of Birth, Sept. 10" 1893.
4. Place of Birth, (Street and Number) Md Lying In Hosp. 817 Lindenwood,
5. Full Name of Mother, Mary Mofdefene Ray
6. Mother's Maiden Name, "
7. Mother's Birthplace, King Queen Co Va.
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D. Md Lying-in Hospital

Address,

Remarks, 1893000 3243

month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 11 '93
4. Place of Birth, (Street and Number) Md Lying In Hosp 11 Linden Ave,
5. Full Name of Mother, Maud S Reeves,
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balt.
8. Full Name of Father, Not known
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton, M.D, Md. Lying in Hospital

Address,

Remarks, 1893 0003244

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 30019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3
1. *Sex.* (state whether male or female)	Male
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth.*	9 Sept 1893
4. *Place of Birth.* (Street and Number)	410 East St
5. *Full Name of Mother.*	Agnes Bernard
6. *Mother's Maiden Name.*	Gawlinski
7. *Mother's Birthplace.*	Prussia
8. *Full Name of Father.*	[illegible] Baer
9. *Father's Occupation*	Tiler
10. *Father's Birthplace.*	Prussia
Name of Medical Attendant, or other person who makes this Return.	E. Hoffmeister
Address.	72 Monroe St
Remarks.	

6/22/20 Meyer 125.

1893 U 0003245

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 50070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 10 93.
4. Place of Birth, (Street and Number) 72 d Eaton Place
5. Full Name of Mother, Maggie McMahon.
6. Mother's Maiden Name, Kerr
7. Mother's Birthplace, Ireland
8. Full Name of Father, Daniel McMahon.
9. Father's Occupation, Motorman on R. R.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, J. B. Perry M.D.

Address, 600 E. Chase St.

Remarks, 1893 0003246

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 50071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept the 10th 1893
4. Place of Birth, (Street and Number) Balto Md. Calvert St # 1103
5. Full Name of Mother, Mary Ann Laplanche
6. Mother's Maiden Name, Mary Ann Hinskey
7. Mother's Birthplace, Baltimore (Md.)
8. Full Name of Father, Edgar Ernest Laplanche
9. Father's Occupation, Seafaring man
10. Father's Birthplace, New Orleans (La.)

Name of Medical Attendant, or other person who makes this Return. Geo E Shannon M.D.

Address, 1442 Eastern St.

Remarks,

1893 0003247

GEO. J. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 50077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 10

4. Place of Birth, (Street and Number) 115 Pearl

5. Full Name of Mother, Alice Bell

6. Mother's Maiden Name, Saunderslay

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm Bell

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Dr. A. Fleming

Address, 1018 Madison Ave

Remarks,

8930003248

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of (1 a 10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 300373.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 of oct
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	collord
3. *Date of Birth,*	10 ct
4. *Place of Birth, (Street and Number)*	Vine stret 683
5. *Full Name of Mother,*	Eliza ann Carroll
6. *Mother's Maiden Name,*	Clinton
7. *Mother's Birthplace,*	St marys country
8. *Full Name of Father,*	James Frances Carroll
9. *Father's Occupation,*	laber
10. *Father's Birthplace,*	St Marys county
Name of Medical Attendant, or other person who makes this Return.	Carline Read Delevered
Address,	Arch Street 131
Remarks,	

1893 0 0 0 3 2 4 9

This register shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 5004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male Joseph Heim
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 September - 1893
4. Place of Birth, (Street and Number) 1243 South eutaw st
5. Full Name of Mother, Harriet Isebel Heim
6. Mother's Maiden Name, Harriet Isebel Hartman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joe Heim
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Bange

Address, 211 west 6 ross st

Remarks, 1693000 3250

North, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born before,) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of health. In case the birth of any child conferred; its sex, color, the full name and occupation of the father in the form of a certificate the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health, the duty of the person or persons required, and attendance upon birth to the Commissioner of Health, in the manner and within the period above required, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 5003

Gas

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Charles ~~Christopher~~ Sanders

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. 4 Feb 1893
4. Place of Birth, (Street and Number) 1234 Canton av
5. Full Name of Mother, Catherine (Conners) Sanders
6. Mother's Maiden Name, Sullivan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles (Samuel) Sanders
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jacob T Harrington

Address, 624 Bonsor av

Remarks, 1 8 9 3 0 0 0 3 2 5 1

Wm J C. Dulany Co., City Printers and Stationers.

Items, and such other facts as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 50026.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Twins
1. Sex, (state whether male or female)	Females
2. Race or Color, (if not of the white race)	
3. Date of Birth,	September 11 93
4. Place of Birth, (Street and Number)	1129 Hood St
5. Full Name of Mother,	Mrs Mary E Smith
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	John Glenfuss
9. Father's Occupation,	Ship Joiner
10. Father's Birthplace,	Richmond Va
Name of Medical Attendant, or other person who makes this Return,	Mrs Amy Jones
Address,	1112 Hanbert St
Remarks,	8930003252

Wm. J. C. Dulany Co., City Printers and Stationers.

Film B502 CERTIFICATE AMENDED 12-4-1968 A

RETURN OF A BIRTH A. 5005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name MARY MYRTLE ~~IRENE~~ HERR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Tuesday 12th Sept 1899

4. Place of Birth, (Street and Number) N.W. Cor Laney and Sargeant

5. Full Name of Mother, Alice V Herr

6. Mother's Maiden Name, Alice V Eyerly

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William Herr

9. Father's Occupation Agent

10. Father's Birthplace, Gardenville Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Miss Bange.

Address, 711 West Lanvale St.

Remarks, 18930 Eddi 2 15 33

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

50028.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 Sept 1893
4. Place of Birth, (Street and Number) 323 Warner St
5. Full Name of Mother, Ethel Rosenfeld
6. Mother's Maiden Name, Liebenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Rosenfeld
9. Father's Occupation Stove fitter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Schwartz

Address, 42 Albemarle St

Remarks,

6930003254

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar of the Births will have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 50039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name:

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 12 93.
4. Place of Birth, (Street and Number) 1814 Valley
5. Full Name of Mother, Margaret L. Reardon.
6. Mother's Maiden Name, [illegible] Donohue
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James B Reardon
9. Father's Occupation, Stone Cutter.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, A B Reamy MD

Address, 2006 Eutaw St

Remarks, 8 9 3 0 0 0 7 2 5 5

Febl 10th 1893

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 30030.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (~~State whether~~ male or ~~female~~)
2. Race or Color, (~~If not of the~~ white ~~race~~)
3. Date of Birth, Sept 15th 1873
4. Place of Birth, (Street and Number) 80 W. Pratt
5. Full Name of Mother, Margaret Smith
6. Mother's Maiden Name, Margaret Patterson
7. Mother's Birthplace, Md
8. Full Name of Father, Wilbur F. Smith
9. Father's Occupation, School Teacher
10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, Dr. P. Latimer Tuck.

Address, 211 N. Monument St

Remarks, Chloroform administered to mother

6 9 3 0 0 0 3 2 5 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the names, the date and place of birth; and the full name, color, occupation of the parents, the date and place of the first and last marriage of the parents, and the number of children born to the mother, and the number now living, of any child born considered to be delivered, duly signed by the practitioner in the case of Health. In case the birth person he is said schedule shall be delivered at the office of the Commissioner of Health, or should no other forms of such third day of each and every month to the officer or practitioner of the duty of the person as required, and shall occur without the attendance of a physician or midwife it shall become within the period above required, and attendance upon the mother, immediately thereafter it shall be the duty of the within the provisions of this section shall be child to report its birth to the Commissioner of Health in the manner and comply with the provisions of this section shall be said such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. GILSEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 50031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 12 1893
4. Place of Birth, (Street and Number) 506 Sharp st
5. Full Name of Mother, Laura Elizabeth Wacker
6. Mother's Maiden Name, Laura Elizabeth Weller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Oscar Wacker
9. Father's Occupation Custom House Broker Broker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Münch

Address, 511 Cor Fredericke & Montgomery st

Remarks, 1893000257

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 50037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 13-1893

4. Place of Birth, (Street and Number) Walbrook Park

5. Full Name of Mother Anne Galbraith Carey

6. [illegible] Hall

7. [illegible] [illegible]

8. [illegible] [illegible]

9. [illegible] [illegible]

10. [illegible] [illegible]

Louise
Margaret T.
Francis J.
Andrew G.
Reginald S.

Francis King Carey
Anne Galbraith

Attended 6 6 8 3 2 5 8
Jan 1st 1883 to Dec 31-1906

John Murphy & Co., City Printers and Stationers

RETURN OF A BIRTH.

50533.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 Sept 1893
4. *Place of Birth, (Street and Number)* 208 Jefferson Av
5. *Full Name of Mother,* Esther Rosenberg
6. *Mother's Maiden Name,* Abramowitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Manuel Rosenberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Abramowitz

Address, 2 Abram

Remarks,

6930003259

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-6-50

RETURN OF A BIRTH. A. 30034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Link Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 13 1893
4. Place of Birth, (Street and Number)	1708 E. Pratt St.
5. Full Name of Mother,	Barbara Link
6. Mother's Maiden Name,	" Basnagel
7. Mother's Birthplace,	South Carolina
8. Full Name of Father,	Jno. Link
9. Father's Occupation	Tinner
10. Father's Birthplace,	Europe
Name of Medical Attendant, or other person who makes this Return	R. W. Mansfield M. D.
Address,	129 S. Broadway
Remarks,	8930003260

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 50035.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Feb 13, 1893
4. *Place of Birth, (Street and Number)*	2000 Federal
5. *Full Name of Mother,*	Marie Johnson
6. *Mother's Maiden Name,*	Marie Bolst
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	R. W. Johnson
9. *Father's Occupation,*	Bartender
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs J. Watson
Address,	1519 Broadway
Remarks,	1893000632 61

Every midwife shall report to the Commissioner of Health, on a list or lists to be furnished by him, the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

ORG J. D. ENLEY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 50036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 13th
4. Place of Birth, (Street and Number) 1528 Kensett
5. Full Name of Mother, Maggie Herman
6. Mother's Maiden Name, Maggie Webb
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Herman
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C Faulstich

Address, 1859 N. Fulton Ave

Remarks,

1893000 3262

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 500037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) 16th Ward (Dem)
3. Date of Birth, 13 September
4. Place of Birth, (Street and Number) 44 N. Henrietta St.
5. Full Name of Mother, Sonya Feller
6. Mother's Maiden Name, Fischer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Feller
9. Father's Occupation, Fixed Business
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Thumiels

Address, 510 Saddletall St

Remarks, 1893 0003263

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 14. 93
4. Place of Birth, (Street and Number) 2109 Orleans St.
5. Full Name of Mother, Mrs. Anna Barbara Schneider Adziger
6. Mother's Maiden Name, Mrs. " " Schneider
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, August Frederick Adziger
9. Father's Occupation, Grocer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Rinck M. D.

Address, 2000 E. Baltimore St.

Remarks, Natural Delivery

8 4 3 0 0 0 3 2 6 4

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

A 30539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 14th

4. Place of Birth, (Street and Number) 1156 Cleveland St

5. Full Name of Mother, Annie Catherine Miller

6. Mother's Maiden Name, Annie Catherine Miller

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry Miller

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Bagge

Address, 711 Graves St.

Remarks,

6930003265

Wm. J. C. Dulany Co., City Printers and Stationers

...ate of the same can be ascertained, the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the birth or any child third day of each and every month to the office of the Commissioner of Health. Should no other person be in shall occur without the attendance of a physician or practicer of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 50040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & 2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 14th 1893
4. *Place of Birth, (Street and Number)*	723 Eutaw St
5. *Full Name of Mother,*	Irene Graefe
6. *Mother's Maiden Name,*	Irene Hahle
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Rudolph Graefe
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Miss Anna Hyneman
Address,	543 Mc Mechen St
Remarks,	

8930003266

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 58044.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 11 1893
4. Place of Birth, (Street and Number) 618 George St
5. Full Name of Mother, Martha Schwab
6. Mother's Maiden Name, Martha Shanick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Schwab
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Mangold

Address, 543 W Mulberry St

Remarks,

6930003267

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. Hoover

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15" 1873
4. Place of Birth, (Street and Number) Md Lying In Hosp.
5. Full Name of Mother, Mrs Anderson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Wilmer Bamlow, M.D. Md. Lying-in Hospital

Address,

Remarks, 1893 0003268

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 50043.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 15th 1893
4. *Place of Birth, (Street and Number)*	1409 N Mount St
5. *Full Name of Mother,*	Zerlina Katz
6. *Mother's Maiden Name,*	Zerlina Cohen
7. *Mother's Birthplace,*	Baltimore, Md
8. *Full Name of Father,*	David Katz
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Persia
Name of Medical Attendant, or other person who makes this Return.	A. C. Fox. M.D
Address,	1530. West Fayette St
Remarks,	1 6 9 3 0 0 0 3 2 6 9

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ORD. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Marie Catherine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 15 93
4. Place of Birth, (Street and Number) 824 Fremont ave
5. Full Name of Mother, Lena Shaughnessy
6. Mother's Maiden Name, " Freeburger.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Shaughnessy
9. Father's Occupation Gas Fitter.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J B Kenny MD

Address, 900 E. Chase St

Remarks, 8930003270

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 38045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 September
4. *Place of Birth, (Street and Number)* 1608 Patapsco st
5. *Full Name of Mother,* Mary Martha Lehr
6. *Mother's Maiden Name,* Mary Martha Hein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Frederick Lehr
9. *Father's Occupation* Tin + sheet iron Worker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Myers

Address, 500 Leadenhall st

Remarks, 1893000327 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-12-37

RETURN OF A BIRTH.

20046.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	John Leo ~~Radford~~ 2
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	September 5 43
4. Place of Birth, (Street and Number)	1112 Hanbrook St
5. Full Name of Mother,	Mrs Ann Radford
6. Mother's Maiden Name,	O Connor
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Wm Radford
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Ann O Connor
Address,	1112 Hanbrook St
Remarks,	1893000327 2

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 10049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 15th '93
4. Place of Birth, (Street and Number) 1336 N. Eden st.
5. Full Name of Mother, Addie E. Leipp
6. Mother's Maiden Name, " " Simmons
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Frank Leipp
9. Father's Occupation, Motor man
10. Father's Birthplace, Balto. County

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks, 1893000327 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother immediately after the birth, in the manner and within the period above required, and shall recur without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed under this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 50048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 15 1923
4. *Place of Birth, (Street and Number)*	1 W Broadway
5. *Full Name of Mother,*	Kate A Collier
6. *Mother's Maiden Name,*	Phillips
7. *Mother's Birthplace,*	Virginia U.S.
8. *Full Name of Father,*	R B Collier
9. *Father's Occupation*	Minister
10. *Father's Birthplace,*	Va.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Jennie Turnbull
Address,	19 N. Eden St.
Remarks,	1 5 9 3 0 0 0 3 2 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 16/93
4. Place of Birth, (Street and Number)	2324 S Myrtle
5. Full Name of Mother,	Lena Myers nee Mackinett
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John Myers
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return.	Frank Krueger M.D.
Address,	
Remarks,	

1893 0 0 0 3 2 7 5

...ohn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 30050

GIVEN NAME ADDED. 7/13/04

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Lottie Gertrude Ashley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 16th, 1893
4. Place of Birth, (Street and Number) 2620 Florence Street
5. Full Name of Mother, Annie Ashley
6. Mother's Maiden Name, Annie Adams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Ashley
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm C Faulstich

Address, 2879 N. Fulton Avenue

Remarks, 1893000276

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50051.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 16th 1893
4. Place of Birth, (Street and Number) Cor. St Mary & Penna Ave
5. Full Name of Mother, Anna Dorf.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Dorf.
9. Father's Occupation, Tinner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton M.D

Address, Md Lying-in Hospital

Remarks,

1893000327 7

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Sept. 16. 1893
4.	*Place of Birth, (Street and Number)*	Falls Road near Md. Ave.
5.	*Full Name of Mother,*	Bertha Gephart
6.	*Mother's Maiden Name,*	" Lipp.
7.	*Mother's Birthplace,*	Lancaster Pa.
8.	*Full Name of Father,*	Geo. E. Gephart.
9.	*Father's Occupation,*	Factory hand.
10.	*Father's Birthplace,*	Baltimore City.
	Name of Medical Attendant, or other person who makes this Return,	C. Edwin Jamison M.D.
	Address,	637 W. Eutaw St.
	Remarks,	1893000327 8

Health, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 500.33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Sept 16 1893
4. Place of Birth, (Street and Number)	1322 Calhoun St Balto Md
5. Full Name of Mother,	Alice Harris
6. Mother's Maiden Name,	Alice Harris
7. Mother's Birthplace,	Essicks County VA
8. Full Name of Father,	George Johnson
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Essicks County VA
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Boyson
Address,	1327 Calhoun St Balto Md
Remarks,	18930003279

...n Murphy & Co., City Printers and Stationers.

50034.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. Male,

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 16. 93
4. Place of Birth, (Street and Number) 1106 East Avenue, Canton
5. Full Name of Mother, Mrs. Hattie Helen Hubbard Glover
6. Mother's Maiden Name, Miss " Hubbard
7. Mother's Birthplace, Dorchester Co. Md.
8. Full Name of Father, Henry Roan Glover
9. Father's Occupation, Conductor B. O. R. R.
10. Father's Birthplace, Dorchester Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. G. Rank Jr. 21 Loos & Bald. St.

Address, 1893 Natural delivery

Remarks, 0 3 2 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; first and
signed by the practitioner in the presence of each
form of a certificate, the birth of any child
said day of each month, or shall not, within the
third floor within the city limits, who shall neglect or refuse to comply with the
attend to report of persons
any such person of ten
jected to the fine of ten

RETURN OF A BIRTH.

A 30055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 16: 93
4. Place of Birth, (Street and Number) 509 N. Fulton Ave
5. Full Name of Mother, Fanny E. Waterman
6. Mother's Maiden Name, " " Scott
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo: Sidney Waterman
9. Father's Occupation, R.R. Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, P.C. Williams

Address, 1128 Cathedral St

Remarks, 1693000 3281

...the full name and occupation of its parents, the date and place of birth; and the ...been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the ...been delivered, duly signed by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered by the physician or practitioner to the Commissioner of Health. In case the birth of any live ...third day of each and every month to the office of the Commissioner of midwifery, or should no other person or parents of such ...shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such ...mother, immediately hereafter it shall become the duty of the person required above required, and ...attendance upon the mother, immediately after the manner and within the period above required, and ...to the Commissioner of Health. In the manner and within the period above required, and ...child to report its birth to the Commissioner after fail to comply with the provisions of this section shall be sub- ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 20036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September the 16 1893
4. *Place of Birth, (Street and Number)*	Walbrook st # 16 26
5. *Full Name of Mother,*	Maggie Bach
6. *Mother's Maiden Name,*	Maggie Stand
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles F Bach
9. *Father's Occupation*	Boiler maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S Talley
Address,	# 1922 Wilkins Ave
Remarks,	1893 0003282

Each Return of its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 1 1915
4. Place of Birth, (Street and Number) Ann St. 815
5. Full Name of Mother, Rose Valinski
6. Mother's Maiden Name, " Nolancavich
7. Mother's Birthplace, Poland
8. Full Name of Father, Adam Valinski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Wyatt

Address, 602 Bond St.

Remarks, 1 0 9 3 0 0 0 3 2 8 3

---

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50038.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	m
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 17 '93
4. *Place of Birth, (Street and Number)*	1811 Federal
5. *Full Name of Mother,*	Margaret Kaiser
6. *Mother's Maiden Name,*	" Koffenberger
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jno Geo Kaiser Jr.
9. *Father's Occupation,*	Morocco Finisher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1519 Broadway
Remarks,	1893 0 0 0 3 2 8 4

month, and shall set forth as far as the same can be ascertained the full name of each child. If any child shall have been conferred, it is sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child no other person shall occur without the mother, immediately thereafter in the manner and within the period above required, and attendance upon the birth to the Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to report its birth to the Commissioner of Health, in the manner and within the period of this section shall be sub-

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 30059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	M.
2. *Race or Color, (if not of the white race)*	Col.
3. *Date of Birth,*	Sep. 17. 1893.
4. *Place of Birth, (Street and Number)*	607 N. Carey st,
5. *Full Name of Mother,*	Agatha Florence Barrington
6. *Mother's Maiden Name,*	Achey,
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Chas. Barrington
9. *Father's Occupation,*	Elec. Consol. Gas Co,
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return.	J. F. Engle M.D.
Address,	1007 Fawn st
Remarks,	

18930003285

month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 50060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Baltimore

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 17th 1893
4. Place of Birth, (Street and Number) 119 Little Medred St
5. Full Name of Mother, Ester Snyder
6. Mother's Maiden Name, Ester Districh
7. Mother's Birthplace, Distrech
8. Full Name of Father, Ike snyder
9. Father's Occupation Pantsmaker
10. Father's Birthplace, Nesse

Name of Medical Attendant, or other person who makes this Return, Dotty Glavanesky

Address, 19 South Central Avenue

Remarks, 1893 0003286

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 500 61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 17th Sept 1893

4. Place of Birth, (Street and Number) 11.00 A.M. East St

5. Full Name of Mother, Annie Elener Dove

6. Mother's Maiden Name, Annie Gurry

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Harry Dove

9. Father's Occupation Stack Driver

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Dr. Sarah Hunter

Address, 23 N. Potomac Ave

Remarks, 1893 0 0 0 3 2 8 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 10062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~State whether male or~~ female)
2. Race or color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Sep 17
4. Place of Birth, (Street and Number) 211 N Paca St
5. Full Name of Mother, Mary Jones
6. Mother's Maiden Name, Burgess
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry D Jones
9. Father's Occupation, Labor
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. P. Kintzing M.D.

Address, 601 N Franklin St

No Remarks.

8930003288

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty within the period above required, and child to report its birth to the Commissioner as aforesaid, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the

GEO. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 50063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 17
4. Place of Birth, (Street and Number) Md. Lying in Hosp.
5. Full Name of Mother, Maggie Burke
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D. Md Lying in Hospital

Address,

Remarks, 1893 0003289

The name of the child, if any, shall be stated as given at the time of registration, and if the child has been named subsequently, the name shall be added when ascertained. If the name can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex.* (state whether male or female)	Male
2. *Race or Color.* (if not of the white race)	White
3. *Date of Birth.*	Sept 17 - 1893 3. A m
4. *Place of Birth.* (Street and Number)	116 S Shroder
5. *Full Name of Mother.*	Sarah M Bell
6. *Mother's Maiden Name.*	Sarah M Hinton
7. *Mother's Birthplace.*	Baltimore md
8. *Full Name of Father.*	Geo Bell
9. *Father's Occupation.*	Mechanic
10. *Father's Birthplace.*	Baltimore md.
Name of Medical Attendant, or other Person who makes this Return	A H Sexton M D.
Address.	1136 Orchard St
Remarks.	Baltimore

B 9 3 0 0 0 3 2 9 0

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 17th 1893
4. *Place of Birth, (Street and Number)*	115 E. Baltimore St.
5. *Full Name of Mother,*	Minnie Rahn
6. *Mother's Maiden Name,*	Minnie Farrow
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Herman Rahn
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr. Kellar Johnson M.D.
Address,	1916 E. Pratt St.
Remarks,	0 9 3 0 0 0 3 2 9 1

month, and shall set forth as far as the same can be ascertained the full name of each child (if any, and the full name and the occupation of its parents, the date and place of birth, first and been considered, its sex, color, &c., and the practitioner or midwife, or should no other person of such said schedule shall be delivered each month to the office or practitioner on the duty of the person or parents of and every such person or parents who shall refuse or neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. SALADY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-16-59

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Charles August Klenner Fourth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 17th 1893.
4. Place of Birth, (Street and Number) Baltimore Md 848 Woodyard st
5. Full Name of Mother, Maria Klenner.
6. Mother's Maiden Name, Maria Mothtigar
7. Mother's Birthplace, Germany
8. Full Name of Father, Robert Klenner
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Marg Kraning

Address, 714 S Stricker St Baltimore Md City

Remarks, Mother and child are doing well.

3 0 0 0 3 2 9 2

Laws conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 55067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 17th 1893
4. *Place of Birth, (Street and Number)* 817 North Mount Baltimore City
5. *Full Name of Mother,* Selah Ada Greene
6. *Mother's Maiden Name,* Chapman
7. *Mother's Birthplace,* Talbot Co Maryland
8. *Full Name of Father,* Jeremiah Alfred Greene
9. *Father's Occupation,* Carpenter in the Tobacco Ware house
10. *Father's Birthplace,* Dorchester Co Maryland

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

1893000003293

...ed its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 30068.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex,* (~~state whether male or~~ female)	White
2. *Race or Color,* (if not of the white race)	September 17th 1893
3. *Date of Birth,*	817 North Mount St Balt. City
4. *Place of Birth,* (Street and Number)	Telah Delk Grimes
5. *Full Name of Mother,*	Chapman
6. *Mother's Maiden Name,*	Isle of White Co Virginia
7. *Mother's Birthplace,*	Jeremiah Alfred Grimes
8. *Full Name of Father,*	Screw man in tobacco warehouse Balt. City
9. *Father's Occupation,*	~~Foreign Port~~ ~~in~~ ~~Balt City~~
10. *Father's Birthplace,*	Geo H Mayer M.D.
Name of Medical Attendant, or other person who makes this Return.	
Address,	1639 Lafayette Ave
Remarks,	18930003294

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 37069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 of Sept 1893
4. Place of Birth, (Street and Number) 729 Lexington st
5. Full Name of Mother, Rebecca L, Ennett
6. Mother's Maiden Name, do
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Michael Welch, dead
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. M A Davenport

Address, 2024 E Pratt St

Remarks, Mother No 7 Father No 95 Married

Mother & Baby doing well

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 30070.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Richard Edmund Colley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 17" 93
4. *Place of Birth, (Street and Number)*	113 Dolphin St
5. *Full Name of Mother,*	Mary Jane Colley
6. *Mother's Maiden Name,*	Mary Jane Cheny
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Richard J Colley
9. *Father's Occupation,*	Machinest
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Albert K Hagel M.D
Address,	1143 Park Ave
Remarks,	ENTER NAME ADDED. 10-28-52

1893 0003296

The Register shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 3007.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White.
3.	*Date of Birth,*	Sept 17th 1893
4.	*Place of Birth, (Street and Number)*	Baltimore Md 510 Ensor St.
5.	*Full Name of Mother,*	Maggie Herr
6.	*Mother's Maiden Name,*	Maggie Voerath
7.	*Mother's Birthplace,*	Germany
8.	*Full Name of Father,*	Freidrich Herr
9.	*Father's Occupation,*	Shoe maker
10.	*Father's Birthplace,*	Germany.
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Koenig
	Address,	414 S Stricker St Baltimore Md
	Remarks,	Mother and Child are doing well.

3 5 0 8 0 5 2 9 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 530772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th Sept. 1893
4. *Place of Birth, (Street and Number)*	126 Scott St.
5. *Full Name of Mother,*	Lina Degner
6. *Mother's Maiden Name,*	Lina Bockel
7. *Mother's Birthplace,*	Hessen Darmstad Germany
8. *Full Name of Father,*	F. Degner
9. *Father's Occupation,*	Box Macker
10. *Father's Birthplace,*	Hanover Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Barnes.
Address,	711 West Cross St.
Remarks,	

8 9 3 0 0 0 3 2 9 8

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 3007 3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th day of the March
4. Place of Birth, (Street and Number) Hanburg street No 23
5. Full Name of Mother, Amanda J Peacock
6. Mother's Maiden Name, Amanda J Gerhardt
7. Mother's Birthplace, Baltimore ~~Color 35 years old~~
8. Full Name of Father, Charles L Peacock
9. Father's Occupation Tin Roofer
10. Father's Birthplace, Baltimore ~~Color 37 years~~

Name of Medical Attendant, or other person who makes this Return, Mrs L Barnes

Address, 711 west 6 mos st

Remarks, 1893000329 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 70054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Septbr 17th 93
4. *Place of Birth, (Street and Number)*	25 Wrigley Str
5. *Full Name of Mother,*	Celia Klagsmeyer
6. *Mother's Maiden Name,*	Celia Ehrhart
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Herman Klagsmeyer
9. *Father's Occupation*	Saloon Keeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Mrs Hinely
Address,	Leadenhall Str
Remarks,	near Hamburg St

1893000 3300

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 5805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) Sept 18th 1893.
3. Date of Birth, 1 E. Cr. Lombard & Parkin
4. Place of Birth, (Street and Number) Louis Becker
5. Full Name of Mother, Dia Miller
6. Mother's Maiden Name, Balt. Md
7. Mother's Birthplace, Henry Becker
8. Full Name of Father, Grocer
9. Father's Occupation, Germany
10. Father's Birthplace, Dr. J. Bialuc

Name of Medical Attendant, or other person who makes this Return.

Address, 603 W. Lombard St.

Remarks, 1893000330

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 11
4. Place of Birth, (Street and Number) Md. Lying in Hosp.
5. Full Name of Mother, Lavinia Lyon
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton, M.D. Md-Lying in Hospital

Address,

Remarks.

1893000 3302

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 58577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 15th 1892

4. Place of Birth, (Street and Number) 1622 E. Federal St.

5. Full Name of Mother, Emma Mc Colbourn

6. Mother's Maiden Name, Emma M. Taylor

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William J. Colbourn

9. Father's Occupation, Collector

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 1207 N. Central Ave.

Remarks, 8930003303

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 55078

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9-15-93.

4. Place of Birth, (Street and Number) 1809 Fremont Ave

5. Full Name of Mother, Mamie Bartl

6. Mother's Maiden Name, " Sheets

7. Mother's Birthplace, Westminster Md

8. Full Name of Father, Henry Bartl

9. Father's Occupation Telegraph Operator.

10. Father's Birthplace, Frederick Co

Name of Medical Attendant, or other person who makes this Return. E O Brown M.D.

Address, 3008 Lanvale St.

Remarks, 1893 0 0 0 5 5 0 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 300794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child.

1. Sex, (state whether male or ~~female~~) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th September, 1893.
4. Place of Birth, (Street and Number) 1200 E. Madison St.
5. Full Name of Mother, Annie Maria Wood
6. Mother's Maiden Name, Cohee.
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, Sampson Wood
9. Father's Occupation, Collector
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. John H. Conway M.D.

Address, * No 1806 N. Bond St City.

Remarks, 1893000 3305

The name as set forth as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SUN J. C. MULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 5080.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Baltimore

1. Sex, (state whether male or female) 2 ~~male~~ girl male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 18th 1893

4. Place of Birth, (Street and Number) 817 east Pratt St

5. Full Name of Mother, Motle Lorre Wiener

6. Mother's Maiden Name, Motle Lerrer

7. Mother's Birthplace, Curchan

8. Full Name of Father, Harry Weiner

9. Father's Occupation Shoe maker

10. Father's Birthplace, Basugolam

Name of Medical Attendant, or other person who makes this Return, Yette Clavansky

Address, 19 South Central ave.

Remarks,

1893000306

Wm. C. Dulany Co., City Printers and Stationers.

...born conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 22081.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	18th September
4. Place of Birth, (Street and Number)	864 W. Peters st
5. Full Name of Mother,	Mrs Gertrude Wirth
6. Mother's Maiden Name,	Miss Gertrude Creamer
7. Mother's Birthplace,	Baltimore M.d
8. Full Name of Father,	Mr George Wirth
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore M.d
Name of Medical Attendant, or other person who makes this Return,	Mrs Susan Waters
Address,	1218 Bayard st
Remarks,	1893000330 7

Wm J C. Dulany Co., City Printers and Stationers.

500823

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 18 th 1893
4. Place of Birth, (Street and Number) No 27 Heath St
5. Full Name of Mother, Lillie Bord
6. Mother's Maiden Name, Lillie Berry
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Bord
9. Father's Occupation, Harness maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hennig

Address, No 154 Byrd St

Remarks, 18930003308

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 35083.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 18 73
4. Place of Birth, (Street and Number) N Eutaw st 1383
5. Full Name of Mother, Melia Rollins
6. Mother's Maiden Name, Gant
7. Mother's Birthplace, Calvert County Md
8. Full Name of Father, Benjamin Rollins
9. Father's Occupation, Laborer
10. Father's Birthplace, Calvert County Maryland

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 610 Vincent alley n.a. Baker

Remarks, 1893 0003309

been centered; its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 18
4. Place of Birth, (Street and Number)	1118 N Eutaw
5. Full Name of Mother,	Sophia D. Muckan
6. Mother's Maiden Name,	" " Hauck
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Wm Muckan
9. Father's Occupation,	Iron Moulder
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return.	F. Thomas M.D.
Address,	1119 E Balto
Remarks,	

1693000033 10

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 50088.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 13 1913
4. *Place of Birth, (Street and Number)* Eutaw st N 1102
5. *Full Name of Mother,* Ellen A Neary
6. *Mother's Maiden Name,* Ellen A Schaaf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Louis Neary
9. *Father's Occupation* undertaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E Kelly

Address, N 1922 Wilkins Ave

Remarks,

1893000331 1

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 50086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, Sept 17th 1893.
4. Place of Birth, (Street and Number) 1215 N Stricker
5. Full Name of Mother, Frances Wagner
6. Mother's Maiden Name, Frances Carroll
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Boulton Wagner
9. Father's Occupation, Photographer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Carroll

Address, 1385 Wardgear St

Remarks, 1893000331 2

To secure the registration of the name and sex of each child, and the full name of each parent, the date and place of birth, and the number of the child if born alive, and to secure a certificate of birth in the form and manner required by the Board of Health, it is necessary that the name can be ascertained, the full name and occupation of its parents, the date and place of birth; and the number conferred, its sex, color

RETURN OF A BIRTH. A. 50087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Sept 19 1893
4. Place of Birth, (Street and Number) #2204 Frederick Ave
5. Full Name of Mother, Mrs Emma Sandler
6. Mother's Maiden Name, Wife of Stein
7. Mother's Birthplace, Russia Germany
8. Full Name of Father, Louis Sandler
9. Father's Occupation Tailor
10. Father's Birthplace, Russia Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, #2127 W. Pratt St

Remarks,

0 9 3 0 0 0 3 3 1 3

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 57088.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 19 1893

4. Place of Birth, (Street and Number) 20 23 E. Fair-mount Ave

5. Full Name of Mother, Mary E Coburn

6. Mother's Maiden Name, Baldwin

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William J Coburn.

9. Father's Occupation, Wagon

10. Father's Birthplace, New Orleans

Name of Medical Attendant, or other person who makes this Return, M L Donegan

Address, 2024 E Pratt St

Remarks, Dr. Rep 3 0 6 0 3 3 1 4

Dr Ke

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 10084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 12th 193
4. Place of Birth, (Street and Number) No. 105 W Hamburg St
5. Full Name of Mother, Mrs Theresa Schumann
6. Mother's Maiden Name, Theresa Dufenbrock
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm C Schumann
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Katie Hinnale

Address, 102 Lindenhall St

Remarks, 1893000331 5

been entered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 500 90

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child.
1.	*Sex, (state whether male or female)*	Male.
2.	*Race or Color, (if not of the white race)*	White.
3.	*Date of Birth,*	19th September 1893
4.	*Place of Birth, (Street and Number)*	Baltimore Md 409 Ponia St
5.	*Full Name of Mother,*	Katie Agnes McConnell
6.	*Mother's Maiden Name,*	" Dunn
7.	*Mother's Birthplace,*	Baltimore Md.
8.	*Full Name of Father,*	William Thomas McConnell
9.	*Father's Occupation,*	Conductor
10.	*Father's Birthplace,*	Baltimore Md.
	Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Kraning.
	Address,	411 S Stricker St Baltimore Md
	Remarks,	Mother and Child are doing well.

1893 00033316

been conferred to its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 55091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 to

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 12

4. Place of Birth, (Street and Number) No. 1425 Columbia ave

5. Full Name of Mother, Elizabeth Dulker

6. Mother's Maiden Name, Elizabeth Easter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. M Dulker

9. Father's Occupation Rail Road

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Kanas

Address, 711 West Lanvale St.

Remarks, 1893 0003317

The above information must be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 53097

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 19
4. Place of Birth, (Street and Number) Fannie Feldman
5. Full Name of Mother, 1403 E. Pratt
6. Mother's Maiden Name, Fannie Simensky
7. Mother's Birthplace, Russia
8. Full Name of Father, Jake Feldman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Yett Feldman

Address, 1013 E. Lombard St.

Remarks, 1893 0003318

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 5093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 o'clock September 20.
4. Place of Birth, (Street and Number) Baltimore city 21 West
5. Full Name of Mother, Barbara Keyser
6. Mother's Maiden Name, Barbara Zesh
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, James Henry Keyser
9. Father's Occupation, Later.
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, Karl Hübsch

Address, 502 Lanvale st

Remarks, 1893 00033 19

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 55514.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) ~~Sept 20th 1893~~. Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 20th 1893
4. Place of Birth, (Street and Number) 3rd
5. Full Name of Mother, E. Larsina Hart
6. Mother's Maiden Name, " " Grace
7. Mother's Birthplace, Philadelphia Pa.
8. Full Name of Father, James L. Hart
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Burlington N. J.

Name of Medical Attendant, or other person who makes this Return. E. B. Fenby, M. D.

Address, 1219 N. Caroline st.

Remarks, 1893 0 0 0 3 3 2 0

Birth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

SUN J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept- 20
4. *Place of Birth, (Street and Number)*	690 Mulberry st
5. *Full Name of Mother,*	Annie Reid
6. *Mother's Maiden Name,*	Annie Credit
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Andrew J Reid
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Suffolk Va
Name of Medical Attendant, or other person who makes this Return.	P. O. Credit M.D.
Address,	420 S. Pine St
Remarks,	1893 0003321

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 300796.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Fell Str. 925
4. Place of Birth, (Street and Number) Sept. 20th,
5. Full Name of Mother, Magdalena Malecki
6. Mother's Maiden Name, Risch
7. Mother's Birthplace, Poland
8. Full Name of Father, Michael Malecki
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krezka

Address, 602 Bond st.

Remarks, 1693000322

C. Delany Co., City Printers and Stationers

RETURN OF A BIRTH. A 30017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 20th 1893
4. Place of Birth, (Street and Number) 657 Fleeting Street
5. Full Name of Mother, Mary Ignatius Harding
6. Mother's Maiden Name, " McCarthy
7. Mother's Birthplace, London England
8. Full Name of Father, James Edward Harding
9. Father's Occupation Fireman
10. Father's Birthplace, Guilford City and
    County

Name of Medical Attendant, or other person who makes this Return, J. [illegible]

Address, 212 N. Franklin St

Remarks, 1893000323

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

5098.

GIVEN NAME ADDED 11/6/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John James Fick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Sept 20th 1893
4. *Place of Birth, (Street and Number)*	# 2118 Wilhelm St
5. *Full Name of Mother,*	Mrs. Maggie Fick
6. *Mother's Maiden Name,*	Miss " Oppelt
7. *Mother's Birthplace,*	Bayern Germany
8. *Full Name of Father,*	Wm Fick
9. *Father's Occupation*	Brewer
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return	Mrs Hiller
Address,	# 2127 W. Pratt St
Remarks,	8 9 3 0 0 0 5 3 2 4

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 30099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 20th 1893
4. *Place of Birth, (Street and Number)* 108 Dolphin St
5. *Full Name of Mother,* Sarah Lawson
6. *Mother's Maiden Name,* Sarah Lewis
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Coleman Lawson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park ave

Remarks, 1893000332 5

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

459 J. D. GULLEY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 50100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 20th.
4. *Place of Birth, (Street and Number)* Baltimore 118 S Green St.
5. *Full Name of Mother,* Louisa Gastiger.
6. *Mother's Maiden Name,* Louisa Geler.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Gastiger.
9. *Father's Occupation* Cabinet maker.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Kurt Pfeiffer M.D.

Address, 500 Lauden Ave & St

Remarks, 1893 0003326

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50101.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 03

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 20 1893
4. *Place of Birth, (Street and Number)* Smith St N 16
5. *Full Name of Mother,* Mary Freedan
6. *Mother's Maiden Name,* do Hesser
7. *Mother's Birthplace,* Germanes
8. *Full Name of Father,* B. Freedman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germanes

Name of Medical Attendant, or other person who makes this Return, Dr. Hertz

Address, 231 Virginia St

Remarks,

1893 0003327

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 3010 V.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, Sept 20th 93

4. Place of Birth, (Street and Number) No 621 Stafford ave

5. Full Name of Mother, Gertrude Lindner

6. Mother's Maiden Name, Pohl

7. Mother's Birthplace, Germany

8. Full Name of Father, Karl Lindner

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs L. Gross

Address, No 1907 E. Monument St.

Remarks, 1893 0003328

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 20
4. Place of Birth, (Street and Number) Md. Lying in Hosp.
5. Full Name of Mother, Ada Snowden
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Wilmer Bimton
Md. Lying-in Hosp.

Address,

Remarks, 1893 0003329

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife who shall attend upon any birth, and every person who shall be present at any birth when no physician or midwife shall attend, shall, within ten days after such birth, make a return thereof to the Commissioner of Health, stating the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Sept 20th
4. *Place of Birth, (Street and Number)*	Park Ave. 903
5. *Full Name of Mother*	Annie Banack
6. *Mother's Maiden Name*	Pister
7. *Mother's Birthplace*	Poland
8. *Full Name of Father*	John Banack
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Poland
Name of Medical Attendant, or other person who makes this Return	[illegible] Kadz
Address	602 Bond
Remarks	6 9 3 0 0 0 3 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 50105.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. September 20
4. Place of Birth, (Street and Number) No 103 S. Exeter St.
5. Full Name of Mother, Yetta Schapiro.
6. Mother's Maiden Name, Yetta Steinberg.
7. Mother's Birthplace, Russia.
8. Full Name of Father, Abram Schapiro.
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Yetta Feldman.

Address, 1613 E. Forward St.

Remarks, 1 8 9 3 0 0 0 3 3 1

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26
4. Place of Birth, (Street and Number) Baltimore 410 Buxton St
5. Full Name of Mother, Catharine Garrigan
6. Mother's Maiden Name, Catharine Foley
7. Mother's Birthplace, Anne Arundel Co
8. Full Name of Father, Edward Garrigan
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Mrs Stinson

Address, 410 Buxton St Baltimore City

Remarks, none

1893 0003332

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A, 0107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 20/93

4. Place of Birth, (Street and Number) 2 E N Central Ave

5. Full Name of Mother, Christine Uphoff

6. Mother's Maiden Name, Feuerbing

7. Mother's Birthplace, Prussia

8. Full Name of Father, Christian Uphoff

9. Father's Occupation, Carpenter

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, Ad. Jennie Trent

Address, 19 N. Eden St.

Remarks, 1893000333

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 21st 1913
4. Place of Birth, (Street and Number) 1117 Millington Ave
5. Full Name of Mother, Wilhelmina Yeager
6. Mother's Maiden Name, Wilhelmina Heis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Yeager
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks, 8930003334

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Coroner, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.te Child Boy.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 21. September.
4. Place of Birth, (Street and Number) Lagnelstreet N° 103.
5. Full Name of Mother, Sahra Linzey.
6. Mother's Maiden Name, Sahra Wiehler.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Simon Linzey.
9. Father's Occupation Laboman.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Merrie Klossowski

Address, Essexstreet. N° 2209.

Remarks,

1893000335

keep covered its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child. If any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Because the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1.	*Sex, (state whether male or female)*	female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	21 of September 1893
4.	*Place of Birth, (Street and Number)*	204 N. Castle St
5.	*Full Name of Mother,*	Stella Adams
6.	*Mother's Maiden Name,*	Stella Dregen
7.	*Mother's Birthplace,*	Cambridge
8.	*Full Name of Father,*	Charles Adams
9.	*Father's Occupation,*	Carter
10.	*Father's Birthplace,*	Baltimore Md.
	Name of Medical Attendant, or other person who makes this Return,	Mrs Ida Hille M.D.
	Address,	207 N Castle St Baltimore
	Remarks,	

8930003336

50710

Every person in charge of any lying-in institution, public or private, and every midwife, shall keep a record of the name and residence of the mother, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GEO. J. O. GILDAY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 50111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sep. 21, 1893
4. *Place of Birth, (Street and Number)*	910 N. Arlington Ave
5. *Full Name of Mother,*	May Deems
6. *Mother's Maiden Name,*	Adams
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	J. Harry Deems
9. *Father's Occupation,*	Prof. Music
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	H. M. Wilson
Address,	1008 Mad. Ave.
Remarks,	1893 0003337

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 5011 V.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 21st 1893
4. Place of Birth (Street and Number)	3 East Mount Royal Avenue
5. Full Name of Mother	Helen Maria Hall
6. Mother's Maiden Name	Helen Maria Carrick
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Harry D Hall
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. D. Slaughter M.D.
Address	8 West Read St
Remarks	

1893000 3338

A. 5071/3.

RETURN OF A BIRTH.

GIVEN NAME ADDED, 6/21/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rosetta Elizabeth Krach

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Sept 21st 1893
4. Place of Birth, (Street and Number) # 2223 Christian Str
5. Full Name of Mother, Mrs Wilhelmine Krack
6. Mother's Maiden Name, Miss Lemm
7. Mother's Birthplace, Hessen Germany
8. Full Name of Father, Wm Krack
9. Father's Occupation Segar Maker
10. Father's Birthplace, Hessen Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Hiller

Address, # 2127 N Pratt Str

Remarks, 8930073339

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 21st 1893
4. Place of Birth, (Street and Number) 128 W. Hamburg St
5. Full Name of Mother, Henrietta Rosa Livingston
6. Mother's Maiden Name, Loeffler
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred. B. Livingston
9. Father's Occupation, Brickburner
10. Father's Birthplace, New York.

Name of Medical Attendant, or other person who makes this Return. Wm Gambrill jr D

Address, 128 W. Lee St.

Remarks,

8930003340

Each collector of the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ON J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 5015.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 21st 1893

4. Place of Birth, (Street and Number) 820 George St.

5. Full Name of Mother, Lena M. Heinitz

6. Mother's Maiden Name, Lena M. Hashagen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Heinitz

9. Father's Occupation Book-Keeper.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Lucas Keerle

Address, 23 N. Poppleton St

Remarks,

1893000334 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

50716

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd "
1. *Sex,* (~~state whether male~~ or female)	
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	Sept. 21 1893
4. *Place of Birth,* (Street and Number)	811 W. Mulberry St
5. *Full Name of Mother,*	Mary L. Edwards
6. *Mother's Maiden Name,*	Mary L. Kirby
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Geo Edwards
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Alexandria Va
Name of Medical Attendant, or other Person who makes this Return	J M Eustis
Address,	772 W. Lexington St
Remarks,	

1893000033 42

. CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 5017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Mother of 2 children
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	2 of Sept. 1899
4. *Place of Birth, (Street and Number)*	249 Calhoun Ave.
5. *Full Name of Mother,*	Grace M. Blackstone
6. *Mother's Maiden Name,*	Grace M. Booker
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Gustavus M. Blackstone
9. *Father's Occupation*	Porter
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mary Davis
Address,	1121 Saratoga St
Remarks,	1893000343

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 50718.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth 4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 21st 1893
4. *Place of Birth, (Street and Number)*	1507 Division St
5. *Full Name of Mother,*	Mary Helfferstay
6. *Mother's Maiden Name,*	Mary Reardon
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles Helfferstay
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Wm A Meisenzahl
Address,	543 Mc Mechen St
Remarks,	

1893000334 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 30119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 th September
4. Place of Birth, (Street and Number) 748 Columbia ave
5. Full Name of Mother, Emma L. D Waine
6. Mother's Maiden Name, Emma L. Dehn.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles F. Waine
9. Father's Occupation Harness maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Savage

Address, 711 West Cross St.

Remarks,

1893 0 0 0 3 3 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 30170.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 22 1893
4. Place of Birth, (Street and Number)	3221 Pagan Ave
5. Full Name of Mother,	Rosey Sadofsky
6. Mother's Maiden Name,	Rosey Zigler
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frank Sadofsky
9. Father's Occupation	grocery man
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs S Selby
Address,	1922 Mt Hope Ave
Remarks,	1893000334

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 5071

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sept 22/93
4. *Place of Birth (Street and Number)*	106 W. Barre st
5. *Full Name of Mother*	Louisa Constance Cooke
6. *Mother's Maiden Name*	Louisa Constance Oldham
7. *Mother's Birthplace*	Balto city
8. *Full Name of Father*	Frank Cook
9. *Father's Occupation*	Cigar Manufacturer
10. *Father's Birthplace*	Balto city
Name of Medical Attendant, or other Person who makes this Return.	E. Michaels M.D.
Address	3-26 Sharp st
Remarks	

1893000.3347

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over

RETURN OF A BIRTH A.50 W.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Joseph Galloway 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 22nd
4. Place of Birth, (Street and Number)	1608 Guilford Ave
5. Full Name of Mother,	Mattie Galloway
6. Mother's Maiden Name,	Mattie Baldwin
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Thomas Galloway
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return,	T K Galloway M D
Address,	318 E Lanvale St.
Remarks,	1893000 3348

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 22 93
4. *Place of Birth, (Street and Number)* 2602 W Fulton St.
5. *Full Name of Mother,* Mrs Frank Seabrase
6. *Mother's Maiden Name,* Louisa Wise
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Frank Seabrase
9. *Father's Occupation,* Boatman
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E A Smith M.D.

Address, 2505 Conna. Ave.

Remarks,

1893 0003349

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

GIVEN NAME ADDED. 7/12/61 [redacted] A 501 24

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Cochran Supplee

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 22d '93.
4. Place of Birth, (Street and Number) 1625 Eutaw Place
5. Full Name of Mother, Kate ~~Cochran~~ Supplee
6. Mother's Maiden Name, " Cochran
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. Frank Supplee
9. Father's Occupation Manufacturer
10. Father's Birthplace, Wilmington Del.

Name of Medical Attendant, or other person who makes this Return, Thomas Opie M.D.

Address, 219 N. Monument St.

Remarks, 1893 0 0 0 3 3 5 0

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50175.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Ch.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 22d September 1893

4. Place of Birth, (Street and Number) No 1814 Dallas St

5. Full Name of Mother, Anna Lauer

6. Mother's Maiden Name, Anna Biggs

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Lauer

9. Father's Occupation Stockster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. C. Lauer

Address, No 1059 Hoyard Ave

Remarks, Bal Hd

1893000351

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

50176

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 22 of September 1893

4. Place of Birth, (Street and Number) No 5715 Lansing Ave

5. Full Name of Mother, Caroline Schulze

6. Mother's Maiden Name, Caroline Bahrman

7. Mother's Birthplace, Germany

8. Full Name of Father, Herman Schulze

9. Father's Occupation Laundry

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Eth Lauer

Address, No 605 Harford Ave

Remarks, Bal. Md.

1893 3 52

Wm. J. C. Dulany Co., City Printers and Stationers

Each Coroner; its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-18-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 20177

Carrie Louise —— Blocher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept 23 - 93
4. Place of Birth, (Street and Number) 106 N. Fulton Ave
5. Full Name of Mother, Emma H. B. Blocher
6. Mother's Maiden Name, Banning
7. Mother's Birthplace, Talbot Co. Md.
8. Full Name of Father, Wm. O. Blocher
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. J. Wm. Lemcke M.D.

Address, 10 N. Fulton Ave.

Remarks,

8 9 3 0 0 0 3 3 5 3

Every person conferring its sex, color the full name and occupation of its parents, the date and place of birth, and the name of each child, if any shall have been conferred; its sex, color the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, at the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. G. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 50128.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c~~) .....

1. *Sex,* (*state whether* ~~male~~ *or female*) .....
2. *Race or Color,* (*if not of the white race*) .....
3. *Date of Birth,* Sept 23 - 1893
4. *Place of Birth,* (*Street and Number*) N.E. Cor Madison & Wolfe St
5. *Full Name of Mother,* Amelia Kramer
6. *Mother's Maiden Name,* " Asmussen
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Kramer
9. *Father's Occupation,* Saloon-Keeper
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Geo. F. Taylor M.D

Address, 1254 N. Broadway

Remarks, ...

8930003354

...ers coming) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should another person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...O. GULLEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 50179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September the 23 1893

4. Place of Birth, (Street and Number) Christian st No 2009

5. Full Name of Mother, Mary A Lawsman

6. Mother's Maiden Name, Mary A Lawsman

7. Mother's Birthplace, Germany

8. Full Name of Father, John B Lawsman

9. Father's Occupation Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1912 W Pratt

Remarks,

1893000355

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 50130.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 23 1893

4. Place of Birth, (Street and Number) Md. Lying in Hosp.

5. Full Name of Mother, Mary Dingle

6. Mother's Maiden Name,

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, Md Lying in Hospital

Remarks,

1893000335 6

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 2-14-58 A 50131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bertha V. ~~Boston~~ Boston

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 23 1893
4. Place of Birth, (Street and Number) 318 Diamond st Baltimore md
5. Full Name of Mother, George Annie Boston
6. Mother's Maiden Name, George A Berry
7. Mother's Birthplace, Calvert Co md
8. Full Name of Father, Henry L. Boston
9. Father's Occupation, Waiter & Coachman
10. Father's Birthplace, South River A.A. Co, md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 18930003357

The certificate required, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

50137

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name, William O. Robins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) W hite

3. Date of Birth September 23rd 1893

4. Place of Birth (Street and Number) 1362 N. Strieker St.

5. Full Name of Mother Helen Gertrude Robins.

6. Mother's Maiden Name " " Wernig.

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father (Augustine ~~Thomas~~) J. Robins

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Charles Lee Jr. M. D.

Address 312 N. Carey St.

Remarks

1893 0003358

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

501.33.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 23: 93
4. *Place of Birth, (Street and Number)* Cor Light & Heath Sts
5. *Full Name of Mother,* Emma Wraun
6. *Mother's Maiden Name,* " Shipley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adolphus H. Wraun
9. *Father's Occupation,* Fruit Packer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, P. C. Williams

Address, 1128 Cathedral St

Remarks,

1893 0 0 0 3 3 5 9

Every birth shall be set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DALANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 50134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September the 24th 1893
4. *Place of Birth, (Street and Number)*	Smallwood St. 5
5. *Full Name of Mother,*	Mary M Lilley
6. *Mother's Maiden Name,*	Mary M Calvert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James E Lilley
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr S Sellas
Address,	1923 W Baltimore
Remarks,	1893 0003360

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50135.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 September 8th A.D. 1898
4. Place of Birth, (Street and Number) 209 N. Wilkins Ave
5. Full Name of Mother, Virginia E. Slemmer.
6. Mother's Maiden Name, " " Williams.
7. Mother's Birthplace, Nansemond Co. Va.
8. Full Name of Father, Albert Slemmer
9. Father's Occupation Painter.
10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return, Mrs K E Barnes M.D.

Address, 2128 Madison Ave

Remarks, 1893000336 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

50 136.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	Sept: 24th/93
4. *Place of Birth, (Street and Number)*	317 Park Ave
5. *Full Name of Mother,*	Rosa M. Frederick
6. *Mother's Maiden Name,*	Rosa M. Burkhardt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Martin L. Frederick
9. *Father's Occupation*	Fire House
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. Schubert
Address,	1405 Eutaw St
Remarks,	1893 0003362

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 50137.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, 1752. Baltimore street Sept. 24. 1893
4. Place of Birth, (Street and Number) 1752 Baltimore Street
5. Full Name of Mother, Julia Wright
6. Mother's Maiden Name, Julia Carter.
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Wright
9. Father's Occupation, Laborer.
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Susan Hooper.

Address, 123. N. Durham. St

Remarks, 1893 0003363

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

50138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin.

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept. 24, 1893
4. Place of Birth, (Street and Number) 1443 E. Monument St.
5. Full Name of Mother, Lillie Deane.
6. Mother's Maiden Name, Kirby
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Deane
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. N. G. Hoffman M.D

Address, 1512 E. Preston St.

Remarks, 1893 0003364

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

...J. S. GILLAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 50139.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Harvey Porter Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 24th 1893.
4. Place of Birth, (Street and Number) 2004 Guilford Ave
5. Full Name of Mother, Kate E. W. Porter.
6. Mother's Maiden Name, " " Wal.
7. Mother's Birthplace, Pa.
8. Full Name of Father, George H. Porter
9. Father's Occupation, Book keeper
10. Father's Birthplace, W. Va.

Name of Medical Attendant, or other person who makes this Return, Wm A. B. Fillman M.D.

Address, 5. E. Biddle St.

Remarks, 8930003365

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 50140.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 24 93
4. Place of Birth, (Street and Number) 1021 Clifton Place
5. Full Name of Mother, Lizzie Eckman
6. Mother's Maiden Name, Merryman
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Maurice Eckman
9. Father's Occupation Conductor on W. M. R. R.
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, O'Reilly MD

Address, 700 E Lanvale St.

Remarks, 6930003366

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 50141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 24/93
4. *Place of Birth, (Street and Number)* # 1213 Patapsco Street South
5. *Full Name of Mother,* Katie Wisemiller
6. *Mother's Maiden Name,* Meyers
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Wisemiller
9. *Father's Occupation* Butler
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Katie Wisemiller

Address, 1213 Patapsco Street

Remarks, 1893 0003367

Wm. J. C. Dulany Co., City Printers and Stationers

CERTIFICATE CORRECTED 7-8-54

RETURN OF A BIRTH. A 30142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Leonora Maud ~~Hart~~

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c) .....

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, September 24 1893
4. Place of Birth, (Street and Number) 914 N. Calvert St
5. Full Name of Mother, Lillie Hart
6. Mother's Maiden Name, " Dreiling
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, ~~Hen~~ & Hart Charles Worthington
9. Father's Occupation, Bar-Keeper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Geo F. Saylor M D

Address, 1254 N. Broadway

Remarks, 1893 0 0 0 3 3 6 8

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 50143.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 25, 1893.
4. Place of Birth, (Street and Number) 1727 No. Bond St.
5. Full Name of Mother, Lina G. Hall
6. Mother's Maiden Name, Rossell.
7. Mother's Birthplace, Baltimore City. Md.
8. Full Name of Father, J. Griffin Hall.
9. Father's Occupation, News-paper Carrier.
10. Father's Birthplace, Carroll Co. Maryland.

Name of Medical Attendant, or other person who makes this Return. John M. Cunningham

Address, 1806 No. Bond St. City.

Remarks,

1893 0003369

Every child born within the City of Baltimore hereafter, whether white or colored; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 50764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 1st Chi.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 25 of September 1893
4. *Place of Birth, (Street and Number)*	No 1417 Cinquitte St
5. *Full Name of Mother,*	Maggie Hitchingson
6. *Mother's Maiden Name,*	Maggie Young
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John Thos Hitchingson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wm. Chs Lewis
Address,	No 1054 Harford Ave
Remarks,	Balt Md

1893 00 25 330

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A50145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 23rd 1893.
4. *Place of Birth, (Street and Number)* 219 N Patterson Pk Ave
5. *Full Name of Mother,* Addie King
6. *Mother's Maiden Name,* Addie Hindel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James King
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah Knowles

Address, 212 N Patterson Park Ave City

Remarks, 8930003371

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 50146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2.

1. Sex, (state whether male or female) Female Child Lite
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 17 92 Lansing Cut
4. Place of Birth, (Street and Number) The 25 of Lattimer
5. Full Name of Mother, Lenny Gruber
6. Mother's Maiden Name, Lenny Lutzmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Mahn
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Ch. Lauer

Address, No 1059 Harford Ave

Remarks, Bal Md

1893 00 3 3 5 2

1893

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 5047.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 25, 1893.
4. Place of Birth, (Street and Number) In 1522 N. Spring st
5. Full Name of Mother, Georgia Turner
6. Mother's Maiden Name, Georgia Silvers.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Turner
9. Father's Occupation Clerk.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eug. A. Chenoweth, M.D.

Address, 1241 Hanover ave.

Remarks,

893000337 3

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

50148

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 25 1853
4. Place of Birth, (Street and Number) 2217 Mura St
5. Full Name of Mother, Ella B Schaefer
6. Mother's Maiden Name, " " Holston
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrick Schaefer
9. Father's Occupation, Cutler & Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J F Spickuall M D

Address, 14 N Patterson Pk Ave

Remarks,

1893000337 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 50149.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth (12th)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Monday Sept 25th 98 11.20 A.M.
4. Place of Birth, (Street and Number) 337, Druid St
5. Full Name of Mother, Alice Sampson
6. Mother's Maiden Name, Alice Fox
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. T. Sampson
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Wm. Ashby M.D.

Address, 116. Winebury St

Remarks, 1893 0 0 0 7 3 7 5

GEO. A. G. GULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 30150.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Monday Sept 25th 93. 8:40 A.M.
4. *Place of Birth, (Street and Number)* 404 St. Paul St
5. *Full Name of Mother,* Susie Driscoll
6. *Mother's Maiden Name,* Susie Liggan
7. *Mother's Birthplace,* Lynchburg Va
8. *Full Name of Father,* Otis Driscoll
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. C. Bosley Jr

Address, 116. W. Mulberry St

Remarks,

1893 0003376

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 30151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep. 25th 93.
4. Place of Birth, (Street and Number) 2113 Maryland Ave.
5. Full Name of Mother, Caroline C. Sanchez.
6. Mother's Maiden Name, " Oliver.
7. Mother's Birthplace, Md.
8. Full Name of Father, Carlos N. Sanchez.
9. Father's Occupation, Coal Weiger
10. Father's Birthplace, Spain.

Name of Medical Attendant, or other person who makes this Return, Wm A. B. Gillman M.D

Address, 5 E. Biddle St.

Remarks, 1893000337 7

Physicians to report the sex, color, the full name and occupation of its parents, the date and place of birth of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person lie in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULLEY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 50152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 25 1893

4. Place of Birth, (Street and Number) 1321 Bonsell

5. Full Name of Mother, Mrs. Lottie Genevieve Donahue Ford

6. Mother's Maiden Name, Wife " " Donahue

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, John Hercules Ford

9. Father's Occupation, Electrician

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Lynch M.D. 2000 E. Balt. St.

Address,

Remarks, Normal delivery

3600 3378

Wm J C Dulany Co City Printers and Stationers.

RETURN OF A BIRTH. A 50153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 25/93
4. *Place of Birth, (Street and Number)*	Highlandtown, Md.
5. *Full Name of Mother,*	Kate A. Elton.
6. *Mother's Maiden Name,*	Kate A Gegner
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Geo. W- Elton
9. *Father's Occupation,*	Dancing Master
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	A Baehlice Jr. M.D.
Address,	700 S. Broadway
Remarks,	Born 9 30 4 15 P. M-

been conferred; its sex; color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

30134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9-25-93
4. Place of Birth, (Street and Number) 8 Sharp St
5. Full Name of Mother, Kati Kach
6. Mother's Maiden Name, Kati Medelke
7. Mother's Birthplace, Germany
8. Full Name of Father, Adolff Jacob Kach
9. Father's Occupation, Merchant
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Flora Pollack M.D.

Address, 1112 Eutaw St North

Remarks, Child's name Edna May Kach.

8 9 3 0 0 0 3 8 0

Sec. 4. Be it further enacted, That the full name and occupation of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

ED J. C. BULAKY JR CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1/27/1956 JHG

RETURN OF A BIRTH A 30153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry John Kleinschmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 25. 1893
4. *Place of Birth, (Street and Number)*	No. 35 Gorsuch Ave., Homestead
5. *Full Name of Mother,*	Anna Kleinschmidt
6. *Mother's Maiden Name,*	Anna Kirchner
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Kleinschmidt
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	W. C. Sandrock
Address,	1242 N. Broadway.
Remarks,	1893 0003381

The Return of Birth must be made as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A-50156.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd September
4. Place of Birth, (Street and Number) Baltimore 1217 Lytle St
5. Full Name of Mother, Susiana Barbara Swartz
6. Mother's Maiden Name, Susiana B Thupp
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Conrad Swartz
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 Cross St

Remarks,

1893000382

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 50157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 25th 1893
4. *Place of Birth, (Street and Number)* Dawson St 10-11
5. *Full Name of Mother,* Barbara Link
6. *Mother's Maiden Name,* Barbara Braun
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Nicolas L Link
9. *Father's Occupation* under taker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mr L Feller

Address, Nr 1932 W Baltimore

Remarks,

1893 0 0 0 3 3 8 3

Any person who shall wilfully make a false statement in the above return of the birth of any child, or who shall refuse to give the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED, 3-31-65

RETURN OF A BIRTH

A. 50158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: John Henry Thompson Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September the 26 1922
4. Place of Birth, (Street and Number)	Fulton Ave 3.18
5. Full Name of Mother,	Jane Alder Thompson
6. Mother's Maiden Name,	Daulder Little
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Thompson
9. Father's Occupation	Mechanic
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S E Kay
Address,	1922 W. Hinds Ave
Remarks,	1893000338A

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

50159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 26 1893
4. *Place of Birth, (Street and Number)*	1 Mt Lucy st No 2005
5. *Full Name of Mother,*	Laura Krueger
6. *Mother's Maiden Name,*	Laura Biberger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ernest A. S Krueger
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs S Kelley
Address,	1223 Mitchinson ave
Remarks,	1893 0003385

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50160.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 16 1888
4. *Place of Birth, (Street and Number)* Richardson St 1102
5. *Full Name of Mother,* Mary Davidson
6. *Mother's Maiden Name,* Daly
7. *Mother's Birthplace,* Cork Ireland
8. *Full Name of Father,* Jake Davidson
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Glasgow Scotland

Name of Medical Attendant, or other person who makes this Return. Theresa Foxshe

Address, Garrett Alley 1303

Remarks,

1893000 3386

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

A 5061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 = first
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	26th of Septber 1893
4. *Place of Birth, (Street and Number)*	# 1251 Orleans St
5. *Full Name of Mother,*	Rebecca Gaines
6. *Mother's Maiden Name,*	Rebecca Walker
7. *Mother's Birthplace,*	Lancaster Co. Va
8. *Full Name of Father,*	Samuel H. Gaines
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Trinidad Portofspain West Indies
Name of Medical Attendant, or other person who makes this Return,	Susan Hooper
Address,	# 123 North Durham St
Remarks,	0930063387

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 26/93
4. *Place of Birth, (Street and Number)*	2826 Penn. av. Windsor
5. *Full Name of Mother,*	Blanche Shickels
6. *Mother's Maiden Name,*	Blanche Chambers
7. *Mother's Birthplace.*	Balto Co, Md
8. *Full Name of Father,*	William Shickels
9. *Father's Occupation.*	Clerk.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo. W. Ames M.D
Address,	1501 Pennsylvania
Remarks,	

1893 0 0 0 3 3 8 8

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

5063.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 26/93
4. Place of Birth, (Street and Number) 134 N. Monroe St
5. Full Name of Mother, Laura Clemzen
6. Mother's Maiden Name, Laura Hoffman
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Lemuel Clemsen
9. Father's Occupation, Conductor.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. Bosbine Jr. M.D.

Address, 700 S. Broadway

Remarks, Born Dead

Every birth occurring in the city, the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 27 1903
4. *Place of Birth, (Street and Number)*	1034 Hall Lane
5. *Full Name of Mother,*	Laura Simmons
6. *Mother's Maiden Name,*	Hunter
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Del Simmons
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	E. L. Buddenbaum
Address,	4 S. Paca St.
Remarks,	1893 0003390

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 50165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Sept 21
4. *Place of Birth, (Street and Number)* 1721 S Chas St
5. *Full Name of Mother,* Lucy Tuckle
6. *Mother's Maiden Name,* Bateman
7. *Mother's Birthplace,* Howard Cou
8. *Full Name of Father,* Neil Tuckle
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Howard Cou

Name of Medical Attendant, or other person who makes this Return, [illegible] Church Hill

Address, 1711 Thames St

Remarks, 1893 0003391

The name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A-30166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep. ~~Aug~~ 1 - 1893
4. Place of Birth, (Street and Number) 1105 Granby St.
5. Full Name of Mother, Mary Ann Birthistle
6. Mother's Maiden Name, Hall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William B. Birthistle
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E Pratt St.

Remarks,

1893000392

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 50167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 1, 1893
4. *Place of Birth, (Street and Number)*	115 W. Lombard St
5. *Full Name of Mother,*	Dora Stillman
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	Chas. I Kerr
Address,	115 W. Lombard St.
Remarks,	1893 0003393

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 50168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 1, 1893.
4. Place of Birth, (Street and Number) 542 Lucany ave.
5. Full Name of Mother, Julia A. Taylor
6. Mother's Maiden Name, Martin.
7. Mother's Birthplace, Md.
8. Full Name of Father, John L. Taylor.
9. Father's Occupation Carpenter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Ellen N. Mitchell M.D.

Address, 291 Chesterfield ave.

Remarks,

1693000339 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 20164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth. Sept. 1/93
4. Place of Birth, (Street and Number) 419 N Collington
5. Full Name of Mother, Kathie Rieman
6. Mother's Maiden Name, Stumph
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Rieman
9. Father's Occupation Taylor
10. Father's Birthplace. Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address. 2225 Gough ste

Remarks.

1893000 3395

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 30170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 1/93.
4. Place of Birth, (Street and Number) 405 E. Chapel str.
5. Full Name of Mother, Kunigunde Ruppert.
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Ruppert
9. Father's Occupation Shoemacker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deinesheffer

Address, 2225 Gough str.

Remarks, 1893 0000

Wm. J. C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH.

A 3071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Septbr 11th 1893
4. Place of Birth, (Street and Number) 825 S. Bond St
5. Full Name of Mother, Mary Sulovsky
6. Mother's Maiden Name, Ryecata
7. Mother's Birthplace, Poland
8. Full Name of Father, Konstantin Sulovsky
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Poetl

Address, 838 S. Bond St

Remarks, 8930003397

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 30177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore
4. Place of Birth, (Street and Number) Baltimore Tunbridge 923
5. Full Name of Mother, Kate Traguer
6. Mother's Maiden Name, Kate Kastner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred. Traguer.
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Eliza Godfrey.

Address,

Remarks, 1893 0003398

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. # 50173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 September 1893
4. *Place of Birth, (Street and Number)* 2015 Pleasant Alley
5. *Full Name of Mother,* Ella Bunks
6. *Mother's Maiden Name,* Ella Funk
7. *Mother's Birthplace,* Baltimore M D.
8. *Full Name of Father,* William Bunks
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore M D

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 1913 Eastern Ave

Remarks,

8 9 3 0 0 0 3 3 9 9

(Each correct) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 5317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 2 — 1893
4. Place of Birth, (Street and Number) 1222 Bank St.
5. Full Name of Mother, Mary Reily
6. Mother's Maiden Name, Gilboy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Cornelius Reily
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return, Mary Shea

Address, 421 E Pratt St.

Remarks.

1893 0003400

Wm. J. C. Dulany Co. City Printers and Statioers

Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health within ten days after the same shall occur, by the attending physician or midwife, and in case there shall be no physician or midwife in attendance, then by the father of the child, or the householder or owner of the premises where the birth occurred, or the nurse, or the person having charge of the mother, within ten days after the same shall occur; and the certificate of birth shall be made upon the blank forms furnished by the Commissioner of Health, and shall contain the name, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 50173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 2 1893
4. Place of Birth, (Street and Number) 2016 Spruce Alley
5. Full Name of Mother, Mary Caroline Conner
6. Mother's Maiden Name, Omeis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Joseph Conner
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 142 E Pratt St.

Remarks,

1893000340 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 35176.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Sept. 25 1893
4.	*Place of Birth, (Street and Number)*	621 35th Ave. Hamsden
5.	*Full Name of Mother,*	Ada R. Stalley
6.	*Mother's Maiden Name,*	Ada R. Baker
7.	*Mother's Birthplace,*	Balt. Co. Md.
8.	*Full Name of Father,*	Henry Ea Stalley
9.	*Father's Occupation,*	Merchant
10.	*Father's Birthplace,*	Carroll Co. Md.
	Name of Medical Attendant, or other person who makes this Return,	Geo. T. Shower. M.D.
	Address,	421 Roland Ave. Hamsden
	Remarks,	1893000340 2

The Child's Name is not to be given in this Return, as the same can be ascertained the full name of each child, if any shall have been registered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Over

E. H. [illegible] M.D.
1806 W. BALTIMORE ST.

RETURN OF A BIRTH. 5017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 2 1893
4. *Place of Birth, (Street and Number)*	1911 White st
5. *Full Name of Mother,*	Julia Bunn
6. *Mother's Maiden Name,*	Cramer
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Joseph Bunn
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	M H Carter M.D.
Address,	1810 W Balto St.
Remarks,	Name of child Joseph Peter Bunn

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M. H. CARTER, M. D.
1800 W. BALTIMORE ST.

RETURN OF A BIRTH. A 30178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 3 / 93
4. Place of Birth, (Street and Number) 115 N. Fulton Ave
5. Full Name of Mother, Mary Back
6. Mother's Maiden Name, Stulcheff
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Back
9. Father's Occupation, Barber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M H Carter M.D.

Address, 1800 W. Balto St.

Remarks, 1 6 9 3 6 0 0 3 4 0 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50179.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Femal
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 September 1893
4. *Place of Birth, (Street and Number)* 542 Canen St
5. *Full Name of Mother,* Mali Olson
6. *Mother's Maiden Name,* Mali Hack
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Abel Olson
9. *Father's Occupation,* Ships Carpenter
10. *Father's Birthplace,* Norwegen Europ

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 913 Eastern ave

Remarks,

1893009034 05

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1911 J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 50180.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 3/93
4. Place of Birth, (Street and Number) 409 N. Wolf str.
5. Full Name of Mother, Louise A. Schmidt
6. Mother's Maiden Name, " " Beck
7. Mother's Birthplace, Balto.
8. Full Name of Father, Adam Charles Schmidt
9. Father's Occupation, Saloonkeeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 2225 Gough st.

Remarks,

1893000340 6

This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	3d Sept 1893
4. *Place of Birth, (Street and Number)*	1345 Riverside Ave
5. *Full Name of Mother,*	Charlotte Jaffrey
6. *Mother's Maiden Name,*	Meekie
7. *Mother's Birthplace,*	West Liberty Ohio
8. *Full Name of Father,*	Albert Jeffrey
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Agarwell
Address,	436 E Fort Ave
Remarks,	

1893 0003407

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5018V.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd Sept
4. Place of Birth, (Street and Number) Baltimore N° 1710 Bethel
5. Full Name of Mother, Annie Chaney
6. Mother's Maiden Name, Annie McNeher
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, Edward F Chaney
9. Father's Occupation, Labour
10. Father's Birthplace, Prince Geos Co Md

Name of Medical Attendant, or other person who makes this Return. Martha A Foster

Address, N° 160 E Lanvale St City

Remarks,

1893000340 8

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 50183.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 3d 1893
4. *Place of Birth, (Street and Number)* 1510 Lafayette Ave.
5. *Full Name of Mother,* Alice P. McClellan
6. *Mother's Maiden Name,* White
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Samuel C. McClellan
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks,

1893 0003409

Rule. This Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED. 4-556

RETURN OF A BIRTH. A 30784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Edwin Edward Eckoff

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3th Sept. 1893
4. *Place of Birth, (Street and Number)* 804 Lurzen St.
5. *Full Name of Mother,* Mrs Mina Eckoff
6. *Mother's Maiden Name,* Schating
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mr Herman Eckoff.
9. *Father's Occupation* Tenor.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. P Liesemann.

Address, 1225 Hace St.

Remarks, 1893000734 10

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 5018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2nd, 3rd, &c.~~)

1. Sex, (State whether male ~~or female~~)
2. Race or color, (~~if not of the~~ white race)
3. Date of Birth, Sept 3/93
4. Place of Birth, (Street and Number) 612 Ensor St
5. Full Name of Mother, Julia Stalker
6. Mother's Maiden Name, " Blinke
7. Mother's Birthplace, Poland
8. Full Name of Father, Albert Stalker
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. A. Schulzman

Address, 1502 E. Fond St.

Remarks, Grad.

1893000341 1

register of such births. Such schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, as should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

GEO. J. C. HAAKY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 50185.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 3d 1893
4. Place of Birth, (Street and Number) Cor. 11th St. & Montebello One
5. Full Name of Mother, Barbara H. Bull
6. Mother's Maiden Name, " " German
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, Charles E. Bull
9. Father's Occupation, Produce Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. H. Rankin M.D.

Address, Waverly Station

Remarks, 1893 0003412

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 50187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep. 3-1898
4. *Place of Birth, (Street and Number)* — Liberty St Waverly.
5. *Full Name of Mother,* May E. Craig
6. *Mother's Maiden Name,* " " Marvill
7. *Mother's Birthplace,* Eastern Shore of Maryland
8. *Full Name of Father,* John H. Craig
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return, R C Rankin M D

Address, Waverly Station

Remarks,

1893 0003413

Wm J C. Dulany Co., City Printers and Stationers.

...births and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 20188.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 4/93
4. Place of Birth, (Street and Number) 2011 E. Lombard st.
5. Full Name of Mother, Annie Welti
6. Mother's Maiden Name, " Pfister
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Welti
9. Father's Occupation, Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough st

Remarks,

1893000341 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Physician or Midwife, and every other person who shall hereafter attend upon the birth of any child, shall, within ten days after the birth, report to the Commissioner of Health, on a blank to be furnished by him, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 30189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 4th 1893
4. Place of Birth, (Street and Number) 212 Carroll st Balt= City
5. Full Name of Mother, Selina . M. Williams
6. Mother's Maiden Name, Edrington
7. Mother's Birthplace, Fredricksburg Va
8. Full Name of Father, Robert f Williams
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt=. Co. Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Martin

Address, 2804 Ceder avenue Balt- City Md

Remarks, 1893 0 0 0 3 4 1 5

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50190.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in the house to be furnished by the Commissioner of month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Sept 4th 1893
4.	*Place of Birth, (Street and Number)*	1728 Calhoun St
5.	*Full Name of Mother,*	Katie Kelly
6.	*Mother's Maiden Name,*	Carroll
7.	*Mother's Birthplace,*	Balto Co
8.	*Full Name of Father,*	Michael J Kelly
9.	*Father's Occupation,*	Motorman
10.	*Father's Birthplace,*	Harford Co
	Name of Medical Attendant, or other person who makes this Return,	Chas E Sadler
	Address,	2101 Druid Hill Ave
	Remarks,	

1893 0003416

SUN J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 50191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

III

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 4/93.
4. Place of Birth, (Street and Number) 115 S. Durham str.
5. Full Name of Mother, Louise Preller
6. Mother's Maiden Name, Bittner
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Preller
9. Father's Occupation Taylor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diisenhofer

Address, 2225 Gough str.

Remarks, 1893 0093417

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; first and given Christian name to the child, the full name and occupation of the parents, the date and place of birth of each child, if any shall have been conferred; its sex, color, the full name and residence of the practitioner or midwife, or should no other person of such name and residence of a physician or practitioner or midwife, or should no other person of such name and residence of a physician or practitioner or midwife, or should no other person of such name and residence of a physician or

RETURN OF A BIRTH. A 50197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 4 1893
4. Place of Birth, (Street and Number) 516 S. Bethel St.
5. Full Name of Mother, Magdalena Walter
6. Mother's Maiden Name, Schuetz
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Walter
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this return Mary Stein

Address, 1827 E Balt St

Remarks.

1893000341 8

Wm. J. C. Dulany Co., City Printers and Stationers

This agency shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 30193.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 4 — 1893
4. Place of Birth, (Street and Number) 521 Hill St.
5. Full Name of Mother, Kunigunde Nickel
6. Mother's Maiden Name, Hofmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Nickel
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who fills this Return, Mary Steine

Address, 427 E Pratt St.

Remarks.

1893000341 9

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 30194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 4th 1893
4. Place of Birth, (Street and Number) 501 Madison Ave
5. Full Name of Mother, Vinnie Duncan
6. Mother's Maiden Name, " Ebron
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Wm Francis Duncan
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore "

Name of Medical Attendant, or other person who makes this Return, Sarah E Fox

Address, 1206 Eutaw St

Remarks, 1893 0 0 0 3 4 2 9

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 30195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 4"
4. *Place of Birth, (Street and Number)*	607 W. Baltimore St.
5. *Full Name of Mother,*	Ella Simmons.
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	—
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return	J. B. Stone M.D.
Address,	622 W. Lombard Street
Remarks,	

1893000342 1

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 30196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	September 5, 1893.
4. Place of Birth, (Street and Number)	115 Third ave.
5. Full Name of Mother,	Lilly Rose Baker.
6. Mother's Maiden Name,	Mayer.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Nelson Grant Baker.
9. Father's Occupation	Driver.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Elson K. Mitchell M.D.
Address,	241 Chestnut ave.
Remarks,	1893 0003422

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. No. 50197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5 of Sept
4. Place of Birth, (Street and Number) 1932 Eastern ave
5. Full Name of Mother, Sahrah Schmidt
6. Mother's Maiden Name, Sahrah Rosenstein
7. Mother's Birthplace, Rusland
8. Full Name of Father, Samuel Schmidt
9. Father's Occupation Tailor
10. Father's Birthplace, Rusland

Name of Medical Attendant, or other person who makes this Return. Frederike Keuler

Address, 2116 East Pratt st
Md

Remarks, 1893000 3423

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 50198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 5 — 1893
4. Place of Birth, (Street and Number) 1014 Eastern Ave.
5. Full Name of Mother, Kate Rosenthal
6. Mother's Maiden Name, Holden
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm F. Rosenthal
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 1893 0003424

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the other person be in shall occur without the attendance of a physician or practicer of midwifery, or should no one of parents of such attendance upon the mother, immediately thereafter shall become the duty of the person above required, and shall be in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 80199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	one
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Sept 5-93.
4. Place of Birth, (Street and Number)	622 W Lombard Street.
5. Full Name of Mother,	Carrie Smith.
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	—
8. Full Name of Father,	—
9. Father's Occupation	—
10. Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this Return,	O B. Stone, M.D.
Address,	622 W Lombard Street
Remarks,	1893000 3425

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 8700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	5th Sept 1893
4. *Place of Birth, (Street and Number)*	1508 Riverside Ave
5. *Full Name of Mother,*	Katherine Ruppert
6. *Mother's Maiden Name,*	Buckheit
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Ruppert
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Jewell
Address,	736 E Fort Ave
Remarks,	

1893000342 6

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-29-8[illegible]

RETURN OF A BIRTH. A 50101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Caroline Frieda I Hartman

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 5/93
4. Place of Birth, (Street and Number) 2043 Canton Ave.
5. Full Name of Mother, Emma Hartman
6. Mother's Maiden Name, " Anrich
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Hartman
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Oppenheimer

Address, 2225 Gough St.

Remarks,

1 8 9 3 0 0 0 3 4 2 7

month, and shall set forth matter as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Sept 15th 1893
4.	*Place of Birth, (Street and Number)*	2125 McCulloh St
5.	*Full Name of Mother,*	Mary Worthington
6.	*Mother's Maiden Name,*	Worthington
7.	*Mother's Birthplace,*	Howard Co
8.	*Full Name of Father,*	Dall Worthington
9.	*Father's Occupation,*	Clerk
10.	*Father's Birthplace,*	Howard Co.
	Name of Medical Attendant, or other person who makes this Return,	Chas E Foutz
	Address,	2100 Druid Hill Ave
	Remarks,	1893000342

...and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the ...been conferred); its sex, color, the full name and occupation of the firm of a certificate the birth of any child ...shall be delivered, duly signed by the practitioner of Health. In case the ...said schedule shall, and every month to the office of the Commissioner of midwifery, or should no other person be in ...third day of each the attendance of a physician or practitioner the duty of the person or parents of such ...attendance of a thereafter it shall become and within the period above required, and ...shall occur without the mother. Immediately of Health, in the manner and with the provisions of this section shall be sub- ...child to report its birth to the Commissioner after fail to comply with other fines and forfeitures are recoverable ...any such person or persons who shall hereafter to be recovered as ...jected to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 50303.

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep 5 — 1893
4. Place of Birth, (Street and Number) 129 S. Central Ave
5. Full Name of Mother, Minna Beigel
6. Mother's Maiden Name, Lense
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Paul Beigel
9. Father's Occupation Cooper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fratt St.

Remarks, 1893 0005429

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 38704.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 6 1893
4. Place of Birth, (Street and Number) #61 Walbert Ave.
5. Full Name of Mother, Ellen E. Foster
6. Mother's Maiden Name, " " McCabe
7. Mother's Birthplace, Ireland
8. Full Name of Father, Edward V. Foster
9. Father's Occupation, Hose dealer
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return. R. L. Rawlins M.D.

Address, Waverly Station —

Remarks, 1893 0003430

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 50705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 6th 1893
4. *Place of Birth, (Street and Number)* Baltimore N. Washington St. No. 43
5. *Full Name of Mother,* Mrs Cornelia ~~Bo~~ Connor
6. *Mother's Maiden Name,* Mrs Cornelia Barshears
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr. W. Connor
9. *Father's Occupation* Iron Founder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Jno. Kenyon

Address, No 2026 E Fayette St

Remarks,

1893000343 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 58206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6th Sept
4. Place of Birth, (Street and Number) 40 Eastwart St
5. Full Name of Mother, Annie Roddy
6. Mother's Maiden Name, Annie Leland
7. Mother's Birthplace, Ireland
8. Full Name of Father, Jamin Roddy
9. Father's Occupation Barkeeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return Mrs D. Bankenridge

Address, No 506 N. High St.

Remarks,

1 5 9 3 0 0 3 4 3 2

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-31-56

RETURN OF A BIRTH.

A 30707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian May Nelson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 & 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 September 1893
4. Place of Birth, (Street and Number) 625 Dunham St
5. Full Name of Mother, Kadi Nelson
6. Mother's Maiden Name, Kadi Friedl
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, Jens Nelson
9. Father's Occupation, Mariner
10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 1913 Eastern Ave

Remarks,

8 9 3 0 0 0 7 4 3 3

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 30208.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Sept. 6-93
4. Place of Birth, (Street and Number)	422 W Lombard Street.
5. Full Name of Mother,	Fanny Nagel.
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	—
8. Full Name of Father,	—
9. Father's Occupation	—
10. Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this Return,	W. H. Lamond M.D.
Address,	422 W Lombard Street
Remarks,	1893000343

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conterred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Private
3. Date of Birth,	September 6 93
4. Place of Birth, (Street and Number)	1111 McElderry St
5. Full Name of Mother,	Leah Patrolsky
6. Mother's Maiden Name,	" Goldsch[illegible]itt
7. Mother's Birthplace,	Russia
8. Full Name of Father,	M. Patrolsky
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return.	J. H. Robinson M.D.
Address,	1366 Preston St
Remarks,	1893 0003435

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30710.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 6/93.
4. Place of Birth, (Street and Number)	222. S. Patterson Park Ave.
5. Full Name of Mother,	Sarah King
6. Mother's Maiden Name,	" McDonald
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Patrick J. King
9. Father's Occupation	Real Estate
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Dreinhofer
Address,	2225 Gough ste.
Remarks,	

1893 0003436

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child of any and shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, said child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 5021.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Febt 6, 1893
4. *Place of Birth (Street and Number),* 3 N Kendall
5. *Full Name of Mother,* Ida Conway
6. *Mother's Maiden Name,* Easton
7. *Mother's Birthplace,* Montgomery Co Md
8. *Full Name of Father,* Peyton Conway
9. *Father's Occupation,* Conductor B & O RR
10. *Father's Birthplace,* Carroll Co Md

Name of Medical Attendant, or other person who makes this Return. Edward H. London M.D.

Address, 1430 W Fayette st

Remarks,

1893000343 7

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race).* White
3. *Date of Birth,* Sept 7
4. *Place of Birth, (Street and Number)* 115 N. Lombard St
5. *Full Name of Mother,* Lena Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. S. Neer

Address, 118 N. Lombard St.

Remarks,

1893 0003438

Wm. J. C. Dulany Co., City Printers and Stationers

born conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 20713.

GIVEN NAME ADDED 6-27-67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Pauline ~~Anna~~ Weber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 7 — 1893
4. Place of Birth, (Street and Number) 105 Market Space
5. Full Name of Mother, Emilie Weber
6. Mother's Maiden Name, Vonderheide
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fritz Weber
9. Father's Occupation, Musicianer
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this return, Mary Stein

Address, 1427 E Pratt St

Remarks, 1893 0003439

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 2 1893
4. *Place of Birth, (Street and Number)* 2511 Barclay St
5. *Full Name of Mother,* Mary C Whitinger
6. *Mother's Maiden Name,* Mary C Chamberland
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Henry D Whitinger
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Penna

Name of Medical Attendant, or other person who makes this Return, J C Pell

Address, 2038 Madison Ave

Remarks, T 69 3 0 0 0 3 4 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 3015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 7th 1893
4. *Place of Birth, (Street and Number)*	1202 Patterson Ave
5. *Full Name of Mother,*	Mary F Baer
6. *Mother's Maiden Name,*	Fittle
7. *Mother's Birthplace,*	Pa
8. *Full Name of Father,*	Benj F Baer
9. *Father's Occupation,*	Dentist
10. *Father's Birthplace,*	Pa
Name of Medical Attendant, or other person who makes this Return,	Chas E Sadtler
Address,	2004 Linden Ave
Remarks,	

1893000344 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 30 no.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 7-93.
4. Place of Birth, (Street and Number) 622 W Lombard West.
5. Full Name of Mother, Alice Brown.
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, A P Stone M D

Address, 622 W Lombard Street.

Remarks,

1893 0003442

...; C. Dulany Co., City Printers and Stationers

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 5077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, Sept 7 - 93.

4. Place of Birth, (Street and Number) 622 W Lombard Street

5. Full Name of Mother, Sarah Johnson.

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant or other person who makes this Return, C. N. Lennig, M.D.

Address, 622 W Lombard Street,

Remarks,

1893 0003443

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 50718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth.*	September 7th 1893
4. *Place of Birth, (Street and Number)*	1642 Maiden's Stat-city
5. *Full Name of Mother,*	Mary Hatch.
6. *Mother's Maiden Name,*	Mary Brown.
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Jefferson D Hatch.
9. *Father's Occupation*	Iron Moulder.
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Mrs M. Slaffer.
Address,	122 West Hamburg Stat-city
Remarks,	1893 0003444

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 7th 1893
4. Place of Birth, (Street and Number) 1407 Linden Street
5. Full Name of Mother, Kate Mayer
6. Mother's Maiden Name, Kate Schneider
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Hermann Mayer
9. Father's Occupation Steward
10. Father's Birthplace, Bremen Germany

Name of Medical Attendant, or other person who makes this Return, Sina Müller

Address, 1333 Hull Street.

Remarks, 1893 0 0 0 3 4 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 50720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 8th 1903
4. Place of Birth, (Street and Number) 602 N. Mountford Ave.
5. Full Name of Mother, Kathie Brethold
6. Mother's Maiden Name, " Krepp
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Brethold
9. Father's Occupation Machinist
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Eisenhofer

Address, 2225 Gough Str.

Remarks,

0 9 3 0 0 0 3 4 4 6

Wm. J. C. Dulany Co., City Printers and Stationers

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 30711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 6 — 1893
4. Place of Birth, (Street and Number) 419 S. Eden St.
5. Full Name of Mother, Sophia Diacond
6. Mother's Maiden Name, Feller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Diacond
9. Father's Occupation, Icewagon Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 1427 E. Fratt St.

Remarks,

1893 0003447

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50 mm

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 8 of Sept
4. Place of Birth, (Street and Number) 2119 Frederick Ave
5. Full Name of Mother, Meri Nichoff
6. Mother's Maiden Name, Mari Wilk
7. Mother's Birthplace, Jermany
8. Full Name of Father, Paul Nichoff
9. Father's Occupation Florist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friedericke Hessler

Address, 2116 West Pratt Md

Remarks, 1893 0003440

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A. 50773.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex,* (state whether male or female) Female.
2. *Race or Color,* (if not of the white race) White race
3. *Date of Birth,* September 8th 1893
4. *Place of Birth,* (Street and Number) No. 920 Druidhill ave.
5. *Full Name of Mother,* Maggie Seis.
6. *Mother's Maiden Name,* Maggie Heudl.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Seis.
9. *Father's Occupation,* Shoe Cutter.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Midwife Theresa Keller

Remarks, No 535 Biddle alley

1893000349

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 1. 50m

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colord.

3. *Date of Birth,* Sept 8 93.

4. *Place of Birth, (Street and Number)* 19 Welcome Alley.

5. *Full Name of Mother,* Lizzie Dean

6. *Mother's Maiden Name,* —

7. *Mother's Birthplace,* —

8. *Full Name of Father,* —

9. *Father's Occupation* —

10. *Father's Birthplace,* —

Name of Medical Attendant, (or other person who makes this Return, C. W. Leonard M.D.

Address, 622 W. Lombard Street.

Remarks, 1893000 3450

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 30725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	September 8, 1893.
4. Place of Birth, (Street and Number)	1508 Baker St.
5. Full Name of Mother,	Elizabeth E. Switzer.
6. Mother's Maiden Name,	Bayer.
7. Mother's Birthplace,	Washington, D.C.
8. Full Name of Father,	George W. E. Switzer
9. Father's Occupation	Contractor (Paving)
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Pleasant ave.
Remarks,	1693 0003451

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	September 8, 1893.
4. Place of Birth, (Street and Number)	401 Roland ave.
5. Full Name of Mother,	Mary E. Houck.
6. Mother's Maiden Name,	Hahn.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	William L. Houck.
9. Father's Occupation	Carpenter.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	1893 0003452

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 8th 93
4. Place of Birth, (Street and Number) 1412 N. Broadway.
5. Full Name of Mother, Katie L. Annaley
6. Mother's Maiden Name, Katie L. Daniels
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Annaley
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. A. Haywards

Address, 1019 N. Caroline St.

Remarks, 1893 00 3453

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Albert C. Bell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 Sept.

4. Place of Birth, (Street and Number) 2415 York Road

5. Full Name of Mother, Bessie J. Bell

6. Mother's Maiden Name, Bessie J. Kilduff

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Thomas L. Bell

9. Father's Occupation Police Officer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Dr. S. Woodis

Address, 858 Greenmount Ave

Remarks. 1893000345 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A. 50779

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 9/93
4. Place of Birth, (Street and Number) 3. N. Port str.
5. Full Name of Mother, Kathie Nieberding
6. Mother's Maiden Name, Olberding
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Nieberding
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer

Address, 2225 Gough str.

Remarks,

1893 0 0 0 3 4 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 50230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 10 93
4. Place of Birth, (Street and Number) 1321 E. Fayette Ste.
5. Full Name of Mother, Anna Metzel
6. Mother's Maiden Name, Patchke
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Metzel
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

1893000345 6

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sept 10 - 93
4. Place of Birth, (Street and Number)	1614 Miller
5. Full Name of Mother,	Cora Steuernagle
6. Mother's Maiden Name,	" Lunderland
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Henry Steuernagle
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	1438 N Bond
Remarks,	1893 0003457

The full name and occupation of the parents, the date and place of birth; and the color of the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-31-57 30737

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary ~~Margaret~~ Merget First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 th of September 1893
4. Place of Birth, (Street and Number) 3003 Elliott St.
5. Full Name of Mother, Mrs Johanna Merget
6. Mother's Maiden Name, Johanna Buddemeier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr George Merget
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs D Lippermann

Address, 1295 Hope Co.

Remarks, 1893000345 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

No. 50233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Sept- 10, 1893
4. *Place of Birth, (Street and Number)*	1115 W. Lombard St-
5. *Full Name of Mother,*	Mary Maxwell
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Penn
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Chas. S. Neer
Address,	1115 W Lombard St
Remarks,	1093000345?

Each Contract to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

No. 50234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 10, 1893
4. *Place of Birth, (Street and Number)*	113 W. Lombard St.
5. *Full Name of Mother,*	Eliza Griffith
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Chas S. Neer
Address,	113 W Lombard St.
Remarks,	1893000346 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, as aforesaid, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50230.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Sept 10th 1893
4.	*Place of Birth, (Street and Number)*	503 Oliver Place, Hampden
5.	*Full Name of Mother,*	Cynthia Peregoy
6.	*Mother's Maiden Name,*	Cynthia Bull
7.	*Mother's Birthplace,*	Balt. Co. Md.
8.	*Full Name of Father,*	George F. Peregoy
9.	*Father's Occupation,*	Carpenter
10.	*Father's Birthplace,*	Balt. Co. Md
	Name of Medical Attendant, or other person who makes this Return,	Geo. T. Shower, M. D.
	Address,	421 Roland Ave. Hampden
	Remarks,	1693000346 1

Sec. 3. And be it further enacted, That the Registrar of Vital Statistics shall not be entitled to receive any fee for recording the birth of any child, unless the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

ORD. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 50736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Twins 2 Male
2. Race or Color, (if not of the white race)
3. Date of Birth, ~~July~~ 10 — 1893
4. Place of Birth, (Street and Number) 519 S. Caroline St.
5. Full Name of Mother, Rosa Hokberger
6. Mother's Maiden Name, Hokberger
7. Mother's Birthplace, Austria
8. Full Name of Father, John Hokberger
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return Harry Stein

Address, 1427 E Fratt St.

Remarks,

1893000345 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 10 1893

4. Place of Birth, (Street and Number) 324 Hanover St

5. Full Name of Mother, Caroline A Gohlinghorst

6. Mother's Maiden Name, Caroline A Benisch

7. Mother's Birthplace, Vien - Austria

8. Full Name of Father, F & Gohlinghorst

9. Father's Occupation Flour Inspector

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. W Benisch

Address, 128 Camden St

Remarks, 0730003465

Wm. J. C. Dulany Co., City Printers and Stationers

been registered) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, or the person otherwise required, to the third day of each month to the Commissioner of Health. In case the other person herein required, shall occur without the mother, Commissioner of Health, should no other person herein required, shall attendance upon birth to the who shall hereafter fail to comply with the provisions of this section are recoverable child such person or persons who shall hereafter fail to comply with the provisions of this section are recoverable any to the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable jected to the

RETURN OF A BIRTH. A 10738.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sept 10 — 93
4. Place of Birth, (Street and Number)	927 N Chester
5. Full Name of Mother,	Annie Fitzpatrick
6. Mother's Maiden Name,	" Healy
7. Mother's Birthplace,	Balto
8. Full Name of Father,	George Fitzpatrick
9. Father's Occupation,	Can maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	1438 N Bond
Remarks,	1893 0003464

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 10
4. *Place of Birth, (Street and Number)* 2867 Lanvale st
5. *Full Name of Mother,* Anna Estell Townsend
6. *Mother's Maiden Name,* Anna Estell Esney
7. *Mother's Birthplace,* Calvert Co
8. *Full Name of Father,* George Edward Jones and
9. *Father's Occupation,* Car driver
10. *Father's Birthplace,* Westminster

Name of Medical Attendant, or other person who makes this Return, Mary J Finzy

Address, 2867 Lanvale st

Remarks,

B 2 3 0 0 0 3 1 6 5

Every person having charge of a child born in this City shall, within ten days after the birth of such child, report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 50240.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) ~~Male~~ Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 10/98
4. Place of Birth, (Street and Number) 2023. E. Lombard str.
5. Full Name of Mother, Dorothe Jaegst.
6. Mother's Maiden Name, " Bloss.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Anton Jaegst
9. Father's Occupation Bdecker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough str.

Remarks, L 8930 0 0 3463

been entered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Martin Swieczkowski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, 11th Sept.
4. Place of Birth, (Street and Number) 110. Canton St. Swieczkowski
5. Full Name of Mother, Mrs Josefa Swieczkowski
6. Mother's Maiden Name, — Kordan
7. Mother's Birthplace, Germany. Swieczkowski
8. Full Name of Father, Mr Joseph Swieczkowski
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return Mrs D. Lieremann.

Address, 125 Pace St.

Remarks, 1893 0003467

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, September 11th 1893
4. Place of Birth, (Street and Number) 319 Warren Ave.
5. Full Name of Mother, Mary A. Hubbard.
6. Mother's Maiden Name, " " Plummer.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Thomas M. Hubbard.
9. Father's Occupation Cloth Shrinker.
10. Father's Birthplace, Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return, A. J. Hi Talbert M.D.

Address, 534 Sharp St.

Remarks,

1893 000346

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 507 93.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Monday, September 11th 1893, 6 oo A. M.
4. Place of Birth, (Street and Number)	1312 Greenmount Ave
5. Full Name of Mother,	Mrs. Lillie Cora Morris.
6. Mother's Maiden Name,	Miss Lillie Cora Vickers
7. Mother's Birthplace,	Dorchester County, Md.
8. Full Name of Father,	John Edward Morris
9. Father's Occupation	Stock-keeper, City & Suburban Railway Co.
10. Father's Birthplace,	Baltimore City, Md
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hooden, (Midwife)
Address,	883 Greenmount Ave, City
Remarks,	

+ 9930003469

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 350444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st 2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 11 98
4. *Place of Birth, (Street and Number)*	2602 Maud St
5. *Full Name of Mother,*	Mary Kinard
6. *Mother's Maiden Name,*	Mary Brown
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Frank John Kinard
9. *Father's Occupation*	Anchor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	A E Abell
Address,	203 E Madison St
Remarks,	1 0 7 3 0 0 0 5 4 7 0 Cx

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Schild

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Born 11 th Sept
4. Place of Birth, (Street and Number) No 133 West Ramsay St
5. Full Name of Mother, Mary - Ann Finnegan
6. Mother's Maiden Name, Sowers
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John F Morgan
9. Father's Occupation, Silver Plater
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary L Lemmon

Address, No 339 South Wesgate St

Remarks, Strong healthy Child

Not Vaccinated 0 3 4 7 1

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH A. 5016.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Edward Schutz Kornmann

No. of Child of Mother, (~~state whether 1st~~ 2d, ~~3d, &c.~~)

1. *Sex,* (*State whether male* ~~or female~~)
2. *Race or color,* (~~if not of the~~ *white race*)
3. *Date of Birth,* Sept 11/93
4. *Place of Birth,* (*Street and Number*) 1608 Oliver St
5. *Full Name of Mother,* Grace M Kornmann
6. *Mother's Maiden Name,* Hopwood
7. *Mother's Birthplace,* Frederick
8. *Full Name of Father,* Rudolph Kornmann
9. *Father's Occupation,* Letter Carrier
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. R Schutz MD

Address, 1502 N Bond St

Remarks, Assist, Dry Labor.

1893 0009472

...ons of its parents the date and place of birth; and the ...ificate between the first and ...Health. In case the birth of any child ...person be in ...ithin the period above required, and ...of this section shall be sub- ...ties and forfeitures are recoverable ...ecovered as other fines and forfeitures

... G. G. CALLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30247

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 11, 1893
4. *Place of Birth, (Street and Number)*	1152 W. Lombard St
5. *Full Name of Mother,*	Annie Goldstein
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Chas S. Ner
Address,	1152 W Lombard St.
Remarks,	6930003473

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered like other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 30748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* [illegible]

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* [illegible]

8. *Full Name of Father,* [illegible]

9. *Father's Occupation* [illegible]

10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 0 0 3 0 0 0 3 4 7 4

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W Lite
3. Date of Birth, Sept. 11 - 1893
4. Place of Birth, (Street and Number) Frisby St. Annex
5. Full Name of Mother, Annie Knight
6. Mother's Maiden Name, Piper
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Marion E Knight
9. Father's Occupation, Express man
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. G. Rankin M.D

Address, Waverly Station

Remarks, 1093000347 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 6 1st 1893

4. Place of Birth, (Street and Number) 617 S. Washington St

5. Full Name of Mother, Mary Kuehne

6. Mother's Maiden Name, Burk

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Kuehne

9. Father's Occupation iron moulder

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, mary Pratt

Address, 838 S. Bond St

Remarks,

1093000347 6

Born conferred: its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 12th 1893
4. Place of Birth, (Street and Number) 1340 N. Charles
5. Full Name of Mother, Rose A. Mitchell
6. Mother's Maiden Name, " " Colehouse
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles F. Mitchell
9. Father's Occupation Paint Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Cook M.D.

Address, 914 N. Charles St.

Remarks,

1093000347 7

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of each child; if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W

RETURN OF A BIRTH. 50257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 12 1893.
4. Place of Birth, (Street and Number) 249 Chestnut ave.
5. Full Name of Mother, Emma Jones.
6. Mother's Maiden Name, Keazney.
7. Mother's Birthplace, ~~Md~~ Washington D.C.
8. Full Name of Father, George A. Jones.
9. Father's Occupation Hostler.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. T. Mitchell M.D.

Address, 291 Chestnut ave

Remarks,

1893 50257

Wm. J. C. Dulany Co., City Printers and Stationers.

Been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 30253.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th Child

1. Sex, (state whether male or female) Male Surname H.
2. Race or Color, (if not of the white race)
3. Date of Birth, September 12th 1893
4. Place of Birth, (Street and Number) 1464 Garrett Ave.
5. Full Name of Mother, Hans Grabau
6. Mother's Maiden Name, Mary Bruge
7. Mother's Birthplace, Dresden Saxony, Germany
8. Full Name of Father, Charles Grabau
9. Father's Occupation Dresden, Saxony, Germany
10. Father's Birthplace, Carpenter

Name of Medical Attendant, or other person who makes this Return, Lina Muller

Address, 1333 Hull St.

Remarks,

1893 0 0 0 3 4 7 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50254

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 12th 1893
4. Place of Birth (Street and Number)	507 William St
5. Full Name of Mother	Sarah Nelson
6. Mother's Maiden Name	" Mark
7. Mother's Birthplace	Frederick City Md
8. Full Name of Father	S. George Nelson
9. Father's Occupation	Driver
10. Father's Birthplace	Howard Co Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. Lancey H. Barclay M.D.
Address	108 N. Conway St
Remarks	

1893 0003480

RETURN OF A BIRTH. A 50255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 13th 93
4. Place of Birth, (Street and Number) 1420 W Pratt st
5. Full Name of Mother, Mary Ducker
6. Mother's Maiden Name, nee Buscher
7. Mother's Birthplace, Md
8. Full Name of Father, Henry Ducker
9. Father's Occupation, Labrer
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Norman F Hill Jnr

Address, 1401 W Fayette

Remarks,

8930003481

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A50266.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* September 13th 1892

4. *Place of Birth, (Street and Number)* N° 2126 Fredwick Ave.

5. *Full Name of Mother,* Emma Schaub

6. *Mother's Maiden Name,* Blunt.

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* Henr. Schaub

9. *Father's Occupation* Hair Spinner

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, N° 116 S. Monroe St.

Remarks, 8930003482

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A. 30757

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Beryl Mae Emrich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 18th 93
4. Place of Birth (Street and Number)	1026 McDonough st.
5. Full Name of Mother	Henrietta H. Emrich
6. Mother's Maiden Name	H. H. Sommerville,
7. Mother's Birthplace	Balto City
8. Full Name of Father	Chas. P. Emrich
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas. Bl. Lucas M.D.
Address	920 E Broadway
Remarks	OMISSION NAME ADDED. 4-8-53

8 9 3 0 0 0 1 3 4 8 3

It shall be the duty of any person in charge of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

No. 50258.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 13 1893
4. *Place of Birth, (Street and Number)* 105 E. Clement st.
5. *Full Name of Mother,* Carrie L. Lindauer
6. *Mother's Maiden Name,* " " Bald
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Clinstain F. Lindauer
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Cook M.D.

Address, 910 N. Charles st.

Remarks,

8930003484

The ... of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 30259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (State whether male or female)* Female

2. *Race or color, (if not of the white race)* White

3. *Date of Birth,* Sept 13 - 93

4. *Place of Birth, (Street and Number)* 525 E. Lemmon

5. *Full Name of Mother,* Carrie Shaffer

6. *Mother's Maiden Name,* Carrie Bailey

7. *Mother's Birthplace,* Balt. Md

8. *Full Name of Father,* John Shaffer

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Henry Boyd

Address, 677 Columbia ave

Remarks, 1 8 9 3 0 0 0 3 4 8 5

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered together with other fines and forfeitures are recoverable

WM. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 50760

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sept 13 — 93
4. Place of Birth, (Street and Number)	620 N. Port
5. Full Name of Mother,	Elizabeth. Biebenback
6. Mother's Maiden Name,	" Drosher
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm A. Biebenback
9. Father's Occupation,	Potter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allwell
Address,	1438 N Bond.
Remarks,	

1893 0003486

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 50261.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 13 1893
4. Place of Birth, (Street and Number) 1525 Linden av
5. Full Name of Mother, Freda Leopold Sundheimer
6. Mother's Maiden Name, Freda Leopold
7. Mother's Birthplace, Balto
8. Full Name of Father, Nathan Sundheimer
9. Father's Occupation Cutter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, A C Polk

Address, 2038 Madison av

Remarks, 8 9 3 0 0 0 3 4 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the same, in the manner and within the period above required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 30267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep 13 — 1893
4. Place of Birth, (Street and Number) 308 President St
5. Full Name of Mother, Virginia Schiado
6. Mother's Maiden Name, Sario
7. Mother's Birthplace, Italia
8. Full Name of Father, Antonio Schiado
9. Father's Occupation Laborer
10. Father's Birthplace, Italia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

1893000348 8

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 50263.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	13 of Sept
4. *Place of Birth, (Street and Number)*	21 South Carey St
5. *Full Name of Mother,*	Estafetta Schreiber
6. *Mother's Maiden Name,*	Estelle Schiesler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Schreiner
9. *Father's Occupation*	Teber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Fredericke Kuster
Address,	2116 West Pratt st
Remarks,	Md

1893 0003489

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 13/93
4. Place of Birth, (Street and Number) 2406 Lancaster str.
5. Full Name of Mother, Annie Hesselbach
6. Mother's Maiden Name, " Vogelsang
7. Mother's Birthplace, Balto
8. Full Name of Father, Andrew Hesselbach
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough str.

Remarks,

8 9 3 0 0 0 3 4 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Every case of birth, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 30760.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, Sept 13.

4. Place of Birth, (Street and Number) 618 Cider alley.

5. Full Name of Mother, Eliza Hill.

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, O'Bolone, M.D.

Address, 617 W Lombard Street.

Remarks,

B 9 3 0 0 0 3 4 9 1

been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 50266.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 13. 1893
4. Place of Birth, (Street and Number) Baltimore Lamby St No 2225
5. Full Name of Mother, Mrs Evalyn Smith.
6. Mother's Maiden Name, Mrs Evalyn Bramly.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr Phil. Smith
9. Father's Occupation Box Maker.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Josa Krueger

Address, Mrs J N 2026 E Fayette St B. Md

Remarks,

1893 0003492

Wm. J. C. Dulany Co., City Printers and Stationers

...born considered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 50267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 13th 1893
4. Place of Birth, (Street and Number) 1439 Richardson St
5. Full Name of Mother, Elizabeth Schwanke
6. Mother's Maiden Name, Elizabeth Völker
7. Mother's Birthplace, Schmutad Germany
8. Full Name of Father, Aug. Wm. Schwanke
9. Father's Occupation Stevedore
10. Father's Birthplace, Friedberg Germany

Name of Medical Attendant, or other person who makes this Return, Lina Miller

Address, 1333 Hull St.

Remarks,

1893 0003493

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W. Lite
3. Date of Birth, Sept. 15—1893
4. Place of Birth, (Street and Number) 134 Cedar Ave
5. Full Name of Mother, Lena Ohr
6. Mother's Maiden Name, Cale
7. Mother's Birthplace, Baltimore Co md
8. Full Name of Father, David H. Ohr
9. Father's Occupation, Silver Plater
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. J. Rankin M D

Address, Waverly Station

Remarks, 8930003494

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 14th 1893
4. Place of Birth, (Street and Number) 773 Dover St.
5. Full Name of Mother, Paulina H. Kinnitz
6. Mother's Maiden Name, Bendix
7. Mother's Birthplace, Prussia
8. Full Name of Father, Geo. A. Kinnitz
9. Father's Occupation, Stonecutter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. H. H. Webner, M.D.

Address,

Remarks, 1893 0003495

The parent or parents of each child born alive, shall cause the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate before the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

30770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Frances Teresa

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 14 — 93
4. Place of Birth, (Street and Number) 1068 N Dallas
5. Full Name of Mother, Annie M. ~~Hallamer~~ Hallamayer
6. Mother's Maiden Name, " " ~~Rupert~~ Ruppert
7. Mother's Birthplace, Md
8. Full Name of Father, Frank ~~Hallamer~~ Hallamayer
9. Father's Occupation, Tailor
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 1438 N. Bond

Remarks,

8930003496

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should by other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. Sept 14 — 1893
4. Place of Birth, (Street and Number) 215 N. Wolf St.
5. Full Name of Mother, Kate Tolly
6. Mother's Maiden Name. Rigney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Tolly
9. Father's Occupation Tinner
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return Harry Klein

Address, 1427 E Fleet St.

Remarks, 8930003497

Wm. C. Delany Co. City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 14, 1893.
4. *Place of Birth, (Street and Number)*	Baltimore Orleans St No 2025
5. *Full Name of Mother,*	Mrs Minnie Thomas
6. *Mother's Maiden Name,*	Mrs Minnie Prouty
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mrs Marc Thomas
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Jose Kauffe
Address,	No 2026 E. Fayette St B. Md
Remarks,	8930003498

Every child born within the limits of Baltimore City, after the first day of January, 1875, shall have its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 3027/3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	February 14th 1913.
4. *Place of Birth, (Street and Number)*	1335 Forest Ave.
5. *Full Name of Mother,*	Lizzie Leidner (Schäffer)
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore Co.
8. *Full Name of Father,*	Henry Leidner
9. *Father's Occupation*	Farmer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Emil Leidner
Address,	1116 N. Monroe St.
Remarks,	6930003499

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 30774.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	14th Sept 1893
4. *Place of Birth, (Street and Number)*	540 E Fort Ave
5. *Full Name of Mother,*	Annie E Yeats
6. *Mother's Maiden Name,*	Benton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George F Yeats
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Wilmington Del
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Yeatts
Address,	436 E Fort ave
Remarks,	

1893000 3500

Every physician or midwife shall write plainly the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 3/30/17

RETURN OF A BIRTH A 50275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME EVA HART

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 14 '93
4. Place of Birth, (Street and Number) 1421 E Central Ave
5. Full Name of Mother, Anna Hart
6. Mother's Maiden Name, Fleckenstein
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Buzkhart Hart
9. Father's Occupation Tailor
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walbert St

Remarks, 8 9 3 0 0 0 3 5 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 5776.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Born 19th Feb
4. Place of Birth, (Street and Number) No 223 South wroxyard St Bet Eutaw Pennsa
5. Full Name of Mother, ~~Bet~~ Eliz
6. Mother's Maiden Name, Eliz Mack
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Alfred E Dennis
9. Father's Occupation, Black
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, M S Lemmon

Address, No 339 South wroxyard

Remarks, Strong healthy Child

Name of Father 8930003502

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 50777.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female,) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 Sept.
4. Place of Birth, (Street and Number) 511 N Central ave
5. Full Name of Mother, Rose Strauss
6. Mother's Maiden Name, Stranger
7. Mother's Birthplace, Europe
8. Full Name of Father, Nathan Strauss
9. Father's Occupation, Clerk
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs F Kelly

Address, 826 Lexington St

Remarks, 1893000350 3

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 50778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colit

3. Date of Birth, 15th inst

4. Place of Birth, (Street and Number) 1025 N Front St

5. Full Name of Mother, Clara Manning

6. Mother's Maiden Name, Clara Keas

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William Manning

9. Father's Occupation Lineman

10. Father's Birthplace, Pittsburg

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bink midwife

Address, No 506 N. Haigh St.

Remarks, 8930003504

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 15th 1893
4. Place of Birth, (Street and Number) 1138 Hanlikote St
5. Full Name of Mother, Elizabeth Voltter
6. Mother's Maiden Name, " Sommers
7. Mother's Birthplace, Md.
8. Full Name of Father, Edward Voltter
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke Md.

Address, 914 N. Charles st.

Remarks, 1893 0003505

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A. 50280

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sept. 15 1903
4. *Place of Birth (Street and Number)*	617 Penna Ave.
5. *Full Name of Mother*	Virginia
6. *Mother's Maiden Name*	White
7. *Mother's Birthplace*	Brets
8. *Full Name of Father*	Geo. Hoffman
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Wm B. Rider
Address	867 Harlem Ave.
Remarks	

8930000-3506

At the Office of the Registrar, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A 50781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Septbr 15th 1893
4. Place of Birth, (Street and Number) 1622 Alice Anna St
5. Full Name of Mother, Mary Winterling
6. Mother's Maiden Name, Seeberger
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred. Winterling
9. Father's Occupation, Harnessmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St

Remarks, 893 0003507

Rule concerning the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W Lite
3. Date of Birth, Sep-15-1893
4. Place of Birth, (Street and Number) # 46 Walbert Ave
5. Full Name of Mother, Mary E. Hagger
6. Mother's Maiden Name, Carpenter
7. Mother's Birthplace, Brookland N-Y-
8. Full Name of Father, George W. Hagger
9. Father's Occupation, Paper hanger
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. D G Rankin M D

Address, Waverly Station

Remarks, 1 8 9 3 0 0 0 3 5 0 8

Every birth must be reported by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

D 50763

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep. 15th 1893
4. Place of Birth, (Street and Number) 1104 Park road
5. Full Name of Mother, Carrie Lee
6. Mother's Maiden Name, " Kendall
7. Mother's Birthplace, New York State
8. Full Name of Father, James H. Lee
9. Father's Occupation, Agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. S. Rankin M.D

Address,

Remarks, 8930003509

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 50284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 16th 1893
4. Place of Birth, (Street and Number) 838 S. Bond St
5. Full Name of Mother, Mary Gall
6. Mother's Maiden Name, Tista
7. Mother's Birthplace, Hungaria
8. Full Name of Father, Andreas Gall
9. Father's Occupation laborer
10. Father's Birthplace, Hungaria

Name of Medical Attendant, or other person who makes this Return, Gary Piehl

Address, 838 S. Bond St

Remarks, 8930003510

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 16th
4. *Place of Birth, (Street and Number)* 4382 Cross St
5. *Full Name of Mother,* Lea Williams
6. *Mother's Maiden Name,* [illegible] Barnett
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* Rev. William
9. *Father's Occupation* Driver
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 1893 0003511

Sec. 5 of the Act of 1894, Ch. 123, requires the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sem. } C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 16/98
4. Place of Birth, (Street and Number) 23 Milton Ave.
5. Full Name of Mother, Theresa Gussman
6. Mother's Maiden Name, " Kaufman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Caspar Gussman
9. Father's Occupation Taylor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return Mrs. Deisenhofer

Address, 2225 Gough st.

Remarks,

1 8 9 3 0 0 0 3 5 1 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 50787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, September 16, 1893.

4. Place of Birth, (Street and Number) 323 Chestnut ave.

5. Full Name of Mother, Catherine White-Burnier.

6. Mother's Maiden Name, Hepburn-

7. Mother's Birthplace, Md.

8. Full Name of Father, George Edward Burnier.

9. Father's Occupation Belgian Block Paver.

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Whitehall M.D.

Address, 291 Chestnut ave.

Remarks,

1893 0003513

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept. 16th 1893.
4. *Place of Birth, (Street and Number)*	114 Scott St.
5. *Full Name of Mother,*	Sarah E. Nolan.
6. *Mother's Maiden Name,*	" " Reichart.
7. *Mother's Birthplace,*	Balto. city; Md.
8. *Full Name of Father,*	B. J. Nolan.
9. *Father's Occupation*	Book Keeper.
10. *Father's Birthplace,*	Balto. City.
Name of Medical Attendant, or other person who makes this Return,	R. J. H. Tall, M.D.,
Address,	524 Sharp St.
Remarks,	1893 0003514

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 50289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16th Sept
4. Place of Birth, (Street and Number) 1906 Ridgely Place
5. Full Name of Mother, Emma Murphy
6. Mother's Maiden Name, Emma Frazier
7. Mother's Birthplace, Annapolis
8. Full Name of Father, William Murphy
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Brinkmanhoff

Address, No 516 N. Wolfe St.

Remarks, 8930003515

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 20790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 6
4. *Place of Birth, (Street and Number)* 225 S. Arlington ave
5. *Full Name of Mother,* Hattie Crist
6. *Mother's Maiden Name,* " Dentz
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John W. Crist
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Dr C. Bauer

Address, 47 Warren St

Remarks, 1893 0003516

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 2074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, September 11th 1893
4. Place of Birth, (Street and Number) 305 West Barre St Balto city
5. Full Name of Mother, Ella B. Snyder.
6. Mother's Maiden Name, Ella B. Sing
7. Mother's Birthplace, Cayuga Co N.Y.
8. Full Name of Father, John J. H. Snyder.
9. Father's Occupation, Iron Molder.
10. Father's Birthplace, Lancaster Co Pa.

Name of Medical Attendant, or other person who makes this Return, Max M. Shaffer.

Address, 722 West Hamburg St city

Remarks.

8930003517

been conferred; its sex, color, the full name and occupation of its parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 8-12-57

RETURN OF A BIRTH.

50794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eva Rosella Leard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	September 17, 1893.
4. Place of Birth, (Street and Number)	253 Chestnut ave.
5. Full Name of Mother,	Lilly F. Leard
6. Mother's Maiden Name,	Onydorff
7. Mother's Birthplace,	W. Va.
8. Full Name of Father,	Franklin P. Leard.
9. Father's Occupation	Painter
10. Father's Birthplace,	Ind.
Name of Medical Attendant, or other person who makes this Return,	Edson H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

8930003518

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

5079.3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 17th 93
4. *Place of Birth, (Street and Number)*	1823 West Hall Place
5. *Full Name of Mother,*	Bertie E. Green
6. *Mother's Maiden Name,*	" " Myers
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Joseph A. Green
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	John C Roth
Address,	1009 Light St
Remarks,	

18930003519

...ters conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 50744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 18th Sept 1899

4. Place of Birth, (Street and Number) 721 E Fort Ave

5. Full Name of Mother, Annie Kirby

6. Mother's Maiden Name, Thomas

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Kirby

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yerwell

Address, 736 E Fort ave

Remarks,

1893000352 0

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A50795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1½

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Septbr 18½ 1893

4. Place of Birth, (Street and Number) 1219 Castle St

5. Full Name of Mother, Mary Gall

6. Mother's Maiden Name, First

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Stefan Gall

9. Father's Occupation Tailor

10. Father's Birthplace, Hungaria

Name of Medical Attendant, or other person who makes this Return, Mary Frell

Address, 838 S. Bond St

Remarks, 893000035211

any Co., City Printers and Stationers

RETURN OF A BIRTH.

A 20296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	September 6, 1893.
4. Place of Birth, (Street and Number)	334 Roland Ave.
5. Full Name of Mother,	Kate Wann
6. Mother's Maiden Name,	Bennett.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Thomas L. Wann
9. Father's Occupation	Policeman.
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other person who makes this Return.	Chas. A. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	1893 0003522

Sm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

50297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 18/93
4. Place of Birth, (Street and Number) 2013 Canton Ave.
5. Full Name of Mother, Annie Lapp
6. Mother's Maiden Name, " Mueller
7. Mother's Birthplace, Balto.
8. Full Name of Father, Andrew Lapp
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough str.

Remarks,

8 9 3 0 0 0 3 5 2 3

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 58798.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18th Sept
4. *Place of Birth, (Street and Number)* 1022 E. Front St
5. *Full Name of Mother,* Lizzie Madden
6. *Mother's Maiden Name,* Lizzie Kennedy
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John T. Madden
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return Mrs. A. Bjork midwife

Address, No 506 N. High St.

Remarks, 1893 0003524

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 19th 1893
4. Place of Birth, (Street and Number) 1042 N. Stricker
5. Full Name of Mother, Elizabeth Rhode
6. Mother's Maiden Name, Leightman
7. Mother's Birthplace, Balto
8. Full Name of Father, John Rhode
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Sadler

Address, 2100 Druid Hill Ave

Remarks,

1893000 3525

The Contractor is to see, color, the full name and occupation of its parents, the date and place of birth, and the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 50300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 19-93.
4. Place of Birth, (Street and Number)	422 W Lombard Mrd.
5. Full Name of Mother,	Emma Smith.
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	—
8. Full Name of Father,	—
9. Father's Occupation	—
10. Father's Birthplace,	—
Name of Medical Attendant or other person who makes this Return,	O B Stone, M.D.
Address,	422 W Lombard Mrd.
Remarks,	

1893000352 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

50301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 19, 1893.
4. Place of Birth, (Street and Number) 231 Chestnut ave.
5. Full Name of Mother, Amelia Powell.
6. Mother's Maiden Name, Tracey
7. Mother's Birthplace, Md.
8. Full Name of Father, Louis Napoleon ~~Powell~~ Powell
9. Father's Occupation Grocer.
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Elmer H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

18930003527

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 19th
4. *Place of Birth, (Street and Number)*	1563 Holbrook St
5. *Full Name of Mother,*	Catherine Gonabe Slaughter
6. *Mother's Maiden Name,*	Catherine Gonabe Conaughton
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John Franklin Slaughter
9. *Father's Occupation*	Teamster
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Woodis
Address,	883 Greenmount Ave,
Remarks,	

1893000 3528

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 30303.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 19, 1893
4. Place of Birth, (Street and Number) 1438 Carlton Ave.
5. Full Name of Mother, Rebecca Rosen
6. Mother's Maiden Name, Rebie Hamer
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Rosen
9. Father's Occupation Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton Ave

Remarks, 1893U003529

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the occurrence of such birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 19 1893
4. Place of Birth, (Street and Number) 617 W. Lee St.
5. Full Name of Mother, Henrietta Armstrong
6. Mother's Maiden Name, Swindell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm J. Armstrong
9. Father's Occupation Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Ross M.D.

Address, 911 N. Charles St.

Remarks, 1893 0003530

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. # 50305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 19th 1893

4. Place of Birth, (Street and Number) 231 N. Charles St.

5. Full Name of Mother, Lillie N. Taylor

6. Mother's Maiden Name, Wollett

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Walter Scott Taylor

9. Father's Occupation Bailiff of Superior Courts

10. Father's Birthplace, City of Baltimore

Name of Medical Attendant, or other person who makes this Return, E. L. Cross M.D.

Address, 1835 E. Baltimore St.

Remarks,

1893000353 1

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child, if any shall have been ascertained; the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 30306.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 19-1893
4. *Place of Birth, (Street and Number)* 11 Brady Ave.
5. *Full Name of Mother,* Nellie E. McCauley
6. *Mother's Maiden Name,* " " Schweitzer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H. McCauley
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M.D.

Address, Waverly Station

Remarks, 1893 0003532

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, Sept 20-93-

4. Place of Birth, (Street and Number) 135- Jew alley.

5. Full Name of Mother, Mary Hargrove

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant or other person who makes this Return, R. W. Lamed, M.D.

Address, 622 W Lombard Street.

Remarks,

1893000353 3

The name can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M. H. CARTER, M. D.
1820 W. BALTIMORE ST.

RETURN OF A BIRTH A 50308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 20 / 93
4. Place of Birth, (Street and Number) 1915 Orleans St.
5. Full Name of Mother, Katie Lottner
6. Mother's Maiden Name, Bruns
7. Mother's Birthplace, Balto.
8. Full Name of Father, Herman Lottner
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. H. Carter M.D.

Address, 1820 W. Balto St.

Remarks, 1893 0003534

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 20. 1893
4. *Place of Birth, (Street and Number)*	St. Vincents Sup. Asylum
5. *Full Name of Mother,*	Mary Blaton
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	S. A. Shaw M. D
Address,	1420 Druid Hill Ave
Remarks,	1893000035535

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50310

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Any Physician, Midwife, Nurse, Householder, or other person having knowledge of the facts, who shall neglect or refuse to report to the Registrar aforesaid, within six days thereafter, any birth of any child, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 20th 93
4. Place of Birth (Street and Number)	9 S. Chapel
5. Full Name of Mother	Mary E. Thompson
6. Mother's Maiden Name	Mary E. Jenkins
7. Mother's Birthplace	Balto City
8. Full Name of Father	J. E. Thompson
9. Father's Occupation	Printer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas. Bl. Fuller M.D.
Address	920 N. Broadway
Remarks	

1893000353 6

RETURN OF A BIRTH A. 50311.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 20, 1873.
4. *Place of Birth, (Street and Number)*	1304 Pennsa. Ave
5. *Full Name of Mother,*	Alice Furlong
6. *Mother's Maiden Name,*	Chickering
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	H. S. Furlong
9. *Father's Occupation,*	Bookkeeper
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Thos. Turnbull
Address,	312 Harlem Ave
Remarks,	

1893 0003537

Sec. 5. Be it enacted, That the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 50317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 29th
4. Place of Birth, (Street and Number) Greenmount ave # 1316
5. Full Name of Mother, Annie Elizabeth Leber
6. Mother's Maiden Name, " " " " Kille
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin Leber
9. Father's Occupation Butcher
10. Father's Birthplace, York Co Penna

Name of Medical Attendant, or other person who makes this Return, Mrs Leber

Address, 683 Greenmount ave.

Remarks,

1893 0003538

Been entered: its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 20 1893.
4. *Place of Birth, (Street and Number)*	1295 William st
5. *Full Name of Mother,*	Mary Kunze
6. *Mother's Maiden Name,*	Dietzel
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Fred Kunze
9. *Father's Occupation*	Barber
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	Schwarz Midwife
Address,	Port Jervis N.Y.
Remarks,	

1893000353 9

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 20/98
4. Place of Birth, (Street and Number) Fountain str 2047
5. Full Name of Mother, Kattie Winkman
6. Mother's Maiden Name, " Schlund
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Winkelman
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough str.

Remarks,

+ 8 9 3 0 0 0 3 5 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 50314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 20 1893
4. *Place of Birth, (Street and Number)*	34 Jackson St Annex
5. *Full Name of Mother,*	Mary E. Hamke
6. *Mother's Maiden Name,*	" " Benesky
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Lahn Hamke
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	New York City
Name of Medical Attendant, or other person who makes this Return.	R G Bamstein MD
Address,	Waverly Station
Remarks,	8930003541

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

L. 50316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (State whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	Sept. 11. 93.
4. *Place of Birth, (Street and Number)*	933 Myrtle Ave
5. *Full Name of Mother,*	Maggie Miller
6. *Mother's Maiden Name,*	Heath
7. *Mother's Birthplace,*	Balt. Md
8. *Full Name of Father,*	J. R. Miller
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Alfred Vanderlecht M.D.
Address,	911 Cathedral St.
Remarks,	1893 0003542

Each case reported to the Registrar shall state the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. C. TOLLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 50317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 th Sept.
4. *Place of Birth, (Street and Number)* 1228 Hare St.
5. *Full Name of Mother,* Mrs Dora Furman
6. *Mother's Maiden Name,* — Sowesched
7. *Mother's Birthplace,* Estreich
8. *Full Name of Father,* Mr Johan Furman
9. *Father's Occupation* Labrer
10. *Father's Birthplace,* Estreich

Name of Medical Attendant, or other person who makes this Return, Mrs P. Seessemann

Address, 1225 Hare St.

Remarks,

1893000035 43

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 50318.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 21
4. *Place of Birth, (Street and Number)* 1412 Hanover St
5. *Full Name of Mother,* Mary Bailey
6. *Mother's Maiden Name,* [illegible] Friend
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Isaac Bailey
9. *Father's Occupation* Tobacco Maker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] Hanover St

Remarks,

1893000354 4

The full name of each child, if any shall have been decided upon, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 5039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 2/93
4. *Place of Birth, (Street and Number)*	629 Duncan Place
5. *Full Name of Mother,*	Mina Rebhahn
6. *Mother's Maiden Name,*	King
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Fred. Rebhahn
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Deisenhofer
Address,	2225 Gough st.
Remarks,	

1893000-03545

Keep entered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 1-7-58

RETURN OF A BIRTH. A 50370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Earl Eugene Hare

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 21/1893.
4. Place of Birth, (Street and Number) 311 Dillwood ave.
5. Full Name of Mother, Annie L. Hare.
6. Mother's Maiden Name, Pierson
7. Mother's Birthplace, Va.
8. Full Name of Father, John Howard Hare.
9. Father's Occupation Bricklayer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. V. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1893 0003546

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 50371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colo
3. Date of Birth, Sept 21 - 1893
4. Place of Birth, (Street and Number) 1428 McElderry
5. Full Name of Mother, Emma Dietzel
6. Mother's Maiden Name, " Phillips
7. Mother's Birthplace, a
8. Full Name of Father, Henry Dietzel
9. Father's Occupation Musician
10. Father's Birthplace, a

Name of Medical Attendant, or other person who makes this Return J C Dunn

Address, 1713 Bank St.

Remarks, 1893 0003547

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 21/93
4. Place of Birth, (Street and Number) 256 S. Ann str.
5. Full Name of Mother, Elisabeth Zieffle
6. Mother's Maiden Name, " Biehr
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Zieffle
9. Father's Occupation, Grocer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Geo. Deisenhofer

Address, 2225 Gough str

Remarks,

1893 0003548

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50373.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) —

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Sept 21
4. Place of Birth, (Street and Number) — Rabory Court.
5. Full Name of Mother, Maggie Lewis.
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, O. B. Stone M.D.

Address, 627 W. Lombard Street.

Remarks,

S 9 3 0 0 0 3 5 4 9

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 21
4. Place of Birth, (Street and Number) 285 Annella St
5. Full Name of Mother, Cath Thos
6. Mother's Maiden Name, Brady
7. Mother's Birthplace, Talbot Co
8. Full Name of Father, Wm J Thos
9. Father's Occupation Butcher
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Dr Bruce Tust

Address, [illegible]

Remarks. 1893 0003550

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 50375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 21st 1893
4. Place of Birth, (Street and Number) 829 Forrest St Balt City
5. Full Name of Mother, Mary Agnes ~~F.~~ MacKreath
6. Mother's Maiden Name, Agusta Knochey
7. Mother's Birthplace, Hanover Germany
8. Full Name of Father, John James MacKreath
9. Father's Occupation Locomotive Fireman
10. Father's Birthplace, Cumberland England

Name of Medical Attendant, or other person who makes this Return, Mrs Norden

Address, 883 Fremont Ave

Remarks,

8930003551

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 50326.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 24th 1893
4. *Place of Birth, (Street and Number)* 162 E Belair Ave
5. *Full Name of Mother,* Johana Fiske
6. *Mother's Maiden Name,* Johana Reiling
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Franz Fiske
9. *Father's Occupation* Beer Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Brown

Address, 1600 N. Chester st near Jay

Remarks,

1893000352

Every Midwife shall, within ten days after the birth of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 5037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 21 1893
4. *Place of Birth, (Street and Number)*	No 116 Hamburg st
5. *Full Name of Mother,*	Mathilde Spilner
6. *Mother's Maiden Name,*	Bell
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	William Spilner
9. *Father's Occupation*	Store keeper
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	[illegible]
Address,	1032 Lemmon st
Remarks,	1893 0003553

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50378.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep 22 - 1893
4. Place of Birth, (Street and Number) 447 E. Lombard St.
5. Full Name of Mother, Kate Klein
6. Mother's Maiden Name, Kuth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William A. Klein
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1429 E Pratt St.

Remarks, 1893 0003554

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

A 50329

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	22 April
4. Place of Birth, (Street and Number)	2105 Division st
5. Full Name of Mother,	Mary Schmidt
6. Mother's Maiden Name,	Mary Speier
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Peter Speier
9. Father's Occupation	Tailor
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Frederick Kuhn
Address,	216 W Pratt
Remarks,	M. D.

1893000-3555

Wm. J. C. Dulany Co., City Printers and Stationers

50330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept. 29. 1893.
4. *Place of Birth, (Street and Number)*	9. W. Hill. St.
5. *Full Name of Mother,*	Jennie L. Riggin.
6. *Mother's Maiden Name,*	" " Taylor.
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	~~[illegible]~~ Chas. B. Riggin
9. *Father's Occupation*	Mariner
10. *Father's Birthplace,*	Somerset Co. Md.
Name of Medical Attendant, or other person who makes this Return,	R. J. H. Tall. M.D.
Address,	524 Shark St.
Remarks,	1893000003556

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

5033

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 22. 93.
4. *Place of Birth, (Street and Number)*	909 N Vermont Ave
5. *Full Name of Mother,*	Lilian Carter White
6. *Mother's Maiden Name,*	" Brosius
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	W.V. White.
9. *Father's Occupation,*	Merchant.
10. *Father's Birthplace,*	Leesburg Va
Name of Medical Attendant, or other person who makes this Return.	Alfred Mansfield Md.
Address,	9 W Cathedral St
Remarks,	1893 0003557

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 50332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Septbr 22 1893
4. *Place of Birth, (Street and Number)*	727 S. Bond St
5. *Full Name of Mother,*	Albertina Novák
6. *Mother's Maiden Name,*	Cecnorká
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Ignatz Novák
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return	Mary Pretl
Address,	838 S. Bond St
Remarks,	1893 0003558

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 22 1893
4. Place of Birth, (Street and Number) 700 S. Eden St.
5. Full Name of Mother, Effie Weems
6. Mother's Maiden Name, Effie Morgan
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Charles Weems
9. Father's Occupation Sawyer
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, Mary A Savage

Address, 812 Canton Ave.

Remarks, 1893 0 0 0 3 5 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50,324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 22/98
4. Place of Birth, (Street and Number) 438 N. Patterson Park Ave.
5. Full Name of Mother, Rosa Mattes
6. Mother's Maiden Name, " Gehring
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Th. Mattes
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough st

Remarks,

1 0 9 3 0 0 0 3 5 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 50335.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 27 93
4. Place of Birth, (Street and Number) 1108 E. Hoffman St
5. Full Name of Mother, Eliz. Gruner
6. Mother's Maiden Name, Karrer
7. Mother's Birthplace, Md
8. Full Name of Father, Geo. Gruner
9. Father's Occupation, Tailor
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson MD.

Address, 736 E. Baltimore St

Remarks,

1893 0003561

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 30.336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Florence Virginia

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 23 Sept 1893
4. Place of Birth, (Street and Number) 404 Fall St
5. Full Name of Mother, Lennie Lauder
6. Mother's Maiden Name, Lennie Randall
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, William H. Lauder
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return Mrs. S. Birch midwife

Address, No 506 N. High St

Remarks, 1893 00035562

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-31-56

RETURN OF A BIRTH.

50337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Carle Henderson Fourth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 23rd 1893
4. Place of Birth, (Street and Number) 1747 Federal St
5. Full Name of Mother, Eliz. G. Henderson
6. Mother's Maiden Name, Eliz G. Carle
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George H. Henderson
9. Father's Occupation Bookkeeper
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mr. Brune

Address, 1600 N. Chester st near Bay

Remarks,

1 8 9 3 0 0 0 3 5 6 3

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 23 Sept
4. Place of Birth, (Street and Number) 29 Frederick Ave.
5. Full Name of Mother, Lucie Tolzmann
6. Mother's Maiden Name, Lucie Meier
7. Mother's Birthplace, Germany
8. Full Name of Father, Eduard Tolzmann
9. Father's Occupation, Leber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Frederick Hecker

Address, 2116 E. Pratt St.

Remarks, W. D.

1893 0 0 0 3 5 6 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 50339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	23th September
4. *Place of Birth, (Street and Number)*	Gane St. Corl 1326
5. *Full Name of Mother,*	Mina Collier
6. *Mother's Maiden Name,*	Mina Spie
7. *Mother's Birthplace,*	Pensylvania
8. *Full Name of Father,*	William Collier
9. *Father's Occupation*	Zimmerman
10. *Father's Birthplace,*	Pensylvania.
Name of Medical Attendant, or other person who makes this Return,	Joyce Schroeffer
Address,	Fort Ave & Linn.
Remarks,	1 8 9 3 0 0 0 3 5 6 5

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) —

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 23. 93.
4. Place of Birth, (Street and Number) 823 Harmony Lane
5. Full Name of Mother, Sarah Watkins.
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant or other person who makes this Return, C H Rodwell M.D.

Address, 622 W Lombard Street,

Remarks, —

893 0003566

...ed by J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 50341.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Sept 23 - 93 -
4. Place of Birth, (Street and Number) 677 Hopkins Mkt.
5. Full Name of Mother, Laura Garner.
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant or other person who makes this Return, O. B. Stone M.D.

Address, 617 N. Lombard Mkt.

Remarks,

1893 0 0 0 3 5 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 50347.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 23/93.
4. Place of Birth, (Street and Number) 1902 Penna. Ave.
5. Full Name of Mother, Lillie Va McAllister
6. Mother's Maiden Name, Bannan
7. Mother's Birthplace, Balto.
8. Full Name of Father, Walter Ashton McAllister
9. Father's Occupation Clerk
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, J. H Christian M.D

Address, 1801 Madison Ave.

Remarks,

1893 0003568

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 50343.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. Septbr 23rd 1893
4. Place of Birth, (Street and Number) 813 Luzerne St
5. Full Name of Mother, Paulina Hurt
6. Mother's Maiden Name, Peroutka
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Anton Hurt
9. Father's Occupation Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, mary Pratt

Address, 838 S. Bond St

Remarks, 8930003569

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Female~~ 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 2 1893
4. Place of Birth, (Street and Number) Parrish Alley
5. Full Name of Mother, ~~Rachel Hughes~~
6. Mother's Maiden Name, Rachel Neal
7. Mother's Birthplace, Colbert county Ala
8. Full Name of Father, Charles Hughes
9. Father's Occupation, Driving
10. Father's Birthplace, Colbert county

Name of Medical Attendant, or other person who makes this Return. Mattie da Johnson

Address, 1408 Bennett St.

Remarks,

1893000035700

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at such birth to the Commissioner of Health, immediately thereafter it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

611 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 50345.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, #24 Dicember 93
4. Place of Birth, (Street and Number) 1243 Hanover St
5. Full Name of Mother, Mrs Mary Byron
6. Mother's Maiden Name, " O'Connor
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thos. Byron
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Ann O'Connor

Address, 1112 Hanover St

Remarks,

16930003571

Wm J C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 50,346.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 24, 1893.
4. Place of Birth, (Street and Number) Clipper
5. Full Name of Mother, Mary E. Stansbury.
6. Mother's Maiden Name, Griffith
7. Mother's Birthplace, W. Va.
8. Full Name of Father, William J. Stansbury.
9. Father's Occupation Wall Paper Hanger
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave

Remarks,

18930003572

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

A 5034

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24. September 1893
4. *Place of Birth, (Street and Number)*	Old York Road Waverly
5. *Full Name of Mother,*	Mary ~~Hartley~~ Hart
6. *Mother's Maiden Name,*	Mary Welsh
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	James F. Hart
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return.	Mrs Harriet Blakeley
Address,	114 Old York Road. Waverly
Remarks,	1893 0003573

The name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-22-57

RETURN OF A BIRTH

A 50348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Howard Arthur Carrick 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 24th 1893.
4. Place of Birth, (Street and Number) 8. N. Mount st.
5. Full Name of Mother, Emma Gertrude Carrick
6. Mother's Maiden Name, Emma Gertrude Hunter
7. Mother's Birthplace, Balto City
8. Full Name of Father, Arthur Fisher Carrick
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. G. W. Slater M.D.

Address, 1634 W. Fayette

Remarks, 1893 0003574 Balto City.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 50349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24th Sept 1893
4. *Place of Birth, (Street and Number)* 1443 Riverside Ave
5. *Full Name of Mother,* Mary Shaw
6. *Mother's Maiden Name,* Williams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Shaw
9. *Father's Occupation*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 436 E Fort Ave

Remarks,

1893 0003575

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 24 1893
4. Place of Birth, (Street and Number) 1701 W. Fayette st
5. Full Name of Mother, Matilda Kolb
6. Mother's Maiden Name, Kerr
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles W. F. Kolb
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Theodore Cook M.D.

Address, 911 N. Charles st

Remarks,

B 93 0003576

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Ray Hood

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 24, 1895.
4. Place of Birth, (Street and Number) 16 Stone Hill.
5. Full Name of Mother, Sarah Salome Hood.
6. Mother's Maiden Name, Wolfe.
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles Buchanan Hood.
9. Father's Occupation, Mill Operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. W. Nicholl M.D.

Address, 691 Cheapside ave.

Remarks, GIVEN NAME ADDED 2-1-54

1 8 9 5 0 9 2 4 0 3 5 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Be full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 50357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 24, 1893.
4. Place of Birth, (Street and Number) Chestnut Hill
5. Full Name of Mother, Georgia A. Wallace
6. Mother's Maiden Name, Pierce
7. Mother's Birthplace, Va.
8. Full Name of Father, George Wallace
9. Father's Occupation Builder.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1893 0003578

Wm. J. C. Dulany Co., City Printers and Stationers

Persons required by law to report births as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of A certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 50353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 24th 1893
4. *Place of Birth, (Street and Number)* 1053 W. Baltimore
5. *Full Name of Mother,* Maude Ormsby
6. *Mother's Maiden Name,* " McElhaney
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* J. B. Ormsby
9. *Father's Occupation,* Traveller on Railroad
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph L. Saunders

Address, 1050 W. Baltimore St

Remarks,

L. 8 0 3 0 8 3 5 7 9

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 50355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	VI
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored.
3. Date of Birth,	SEPT 24. 93.
4. Place of Birth, (Street and Number)	627 W Lombard Street.
5. Full Name of Mother,	Lucy Harvey.
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	—
8. Full Name of Father,	—
9. Father's Occupation	—
10. Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this Return,	L L Lamar M.D.
Address,	627 W Lombard Street.
Remarks,	

1893 0003560

The law requires a birth to be registered within ten days after its occurrence, and a certificate must be obtained from the Registrar before the body can be buried. If any child shall have been born alive and shall have died before a certificate of birth shall have been procured, the fact shall be reported to the Registrar, and a certificate obtained in the same manner as in the case of each child. If any shall have been born dead

RETURN OF A BIRTH. A 50355.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Sept 25th 1893
4.	*Place of Birth, (Street and Number)*	1842 Pennsylvania Av
5.	*Full Name of Mother,*	Mary Suter
6.	*Mother's Maiden Name,*	Brohmueller
7.	*Mother's Birthplace,*	Balto
8.	*Full Name of Father,*	George Suter Jr
9.	*Father's Occupation,*	Car driver
10.	*Father's Birthplace,*	Balto
	Name of Medical Attendant, or other person who makes this Return,	Chas E Todd
	Address,	210 Druid Hill Av
	Remarks,	

1893000 3581

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 50356.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 25. 93.
4. *Place of Birth, (Street and Number)*	2620 Guilford st
5. *Full Name of Mother,*	Donna E. Guyer
6. *Mother's Maiden Name,*	Williams
7. *Mother's Birthplace,*	St. Mary's County Md.
8. *Full Name of Father,*	Wm. E. Moore
9. *Father's Occupation*	Electrician
10. *Father's Birthplace,*	Dorchester Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Mary Jane Hockney
Address,	731 Cumberland st
Remarks,	1893 0003582

and certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner at childbirth, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 50357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 September 1893
4. *Place of Birth, (Street and Number)* Washington St 518
5. *Full Name of Mother,* Mary Snellinger
6. *Mother's Maiden Name,* Mary Chenby
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Chas Snellinger
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, Eastern ave

Remarks,

1893 0 0 0 5 8 3

The child shall be set forth as far as the same can be ascertained the full name of each child; if any child have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 50358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 25/93
4. Place of Birth, (Street and Number) 512. S. Canton str.
5. Full Name of Mother, Mary Cosgrove
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Balto.
8. Full Name of Father, Thomas Cosgrove
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Duisenhofer

Address, 2225 Gough str.

Remarks,

1893000-035841

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 50359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	25th Sept
4. *Place of Birth, (Street and Number)*	415 N. Wolf St
5. *Full Name of Mother,*	Martha Barnes
6. *Mother's Maiden Name,*	Martha Hardack.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James H. Barnes
9. *Father's Occupation*	Bookkeeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. S. Bjork midwife
Address,	No 506 N. Wolf St
Remarks,	1893 0003585

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50360.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 6 25th 1893
4. Place of Birth, (Street and Number) 1708 Lancaster st
5. Full Name of Mother, Viktoria Gurbelski
6. Mother's Maiden Name, Swiglowska
7. Mother's Birthplace, Austria
8. Full Name of Father, Paul Gurbelski
9. Father's Occupation Laborer
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Mary Peck

Address, 838 S. Bond St

Remarks, 8 9 3 0 0 0 3 5 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, September 25
4. Place of Birth, (Street and Number) 1123 Toledo St Balto
5. Full Name of Mother, Mrs. Mary Kavanagh
6. Mother's Maiden Name, Mary Murtagh
7. Mother's Birthplace, Co Mayo Ireland
8. Full Name of Father, Matthew Kavanagh
9. Father's Occupation Laborer
10. Father's Birthplace, Co Mayo Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Woodson

Address, 98 Greenmount av

Remarks,

1893 0003587

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 50367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 25
4. *Place of Birth, (Street and Number)* 412 Hamburg St
5. *Full Name of Mother,* Annie Hill
6. *Mother's Maiden Name,* Annie Elzie
7. *Mother's Birthplace,* Salisbury
8. *Full Name of Father,* William Hill
9. *Father's Occupation,* Stone Ax Polisher.
10. *Father's Birthplace,* Prussian

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1893 U 003568

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 50,363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 26/93
4. Place of Birth, (Street and Number) 104 S. Linn str.
5. Full Name of Mother, Annie Th. Rock
6. Mother's Maiden Name, Nelson
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Rock
9. Father's Occupation Machinist
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 2225 Gough str.

Remarks,

1893000035899

Wm. J. C. Dulany Co., City Printers and Stationers

A 50364.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	9th
4. *Place of Birth, (Street and Number)*	412 Hanover St
5. *Full Name of Mother,*	Mary L. Stallings
6. *Mother's Maiden Name,*	Swandyke
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William L. Stallings
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo. A. Mangan
Address,	412 Hanover St
Remarks,	8930003590

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 26 — 1893
4. *Place of Birth, (Street and Number)*	618 S. Bethel St.
5. *Full Name of Mother,*	Maria Dannenfelzer
6. *Mother's Maiden Name,*	Unger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Dannenfelzer
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mary Steine
Address,	1427 E. Pratt St.
Remarks,	

1893000359 1

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50,366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Septr 26th 1893
4. *Place of Birth, (Street and Number)*	722 S. Regester St
5. *Full Name of Mother,*	Mary J. Hellrich
6. *Mother's Maiden Name,*	Ault
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John F. Hellrich
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	(Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary Pretl
Address,	838. S. Bond St
Remarks,	5 9 3 0 0 0 3 5 9 2

must be, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 26, 893
4. Place of Birth, (Street and Number) 2824 Dillon St
5. Full Name of Mother, Ella Engelmann
6. Mother's Maiden Name, Ella Ehrell.
7. Mother's Birthplace, Balto
8. Full Name of Father, Herman Winkelmann
9. Father's Occupation Fireman.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton Ave

Remarks,

1893 0 0 0 3 5 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-14-57

CERTIFICATE CORRECTED [redacted]

RETURN OF A BIRTH. A 50368.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Amelia ~~Dorothy~~ Emperle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26 of Oct, 1893
4. Place of Birth, (Street and Number) 210 Cleveland Road
5. Full Name of Mother, Helen (Emma) Emperle
6. Mother's Maiden Name, Helen Wüst
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob (Emma) Emperle
9. Father's Occupation Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friedrike Hauber

Address, 2116 N Fulton

Remarks, H. D.

1893 0003594

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 26

4. Place of Birth, (Street and Number) 1339 S Charles

5. Full Name of Mother, Emma Schaub

6. Mother's Maiden Name, Schuler

7. Mother's Birthplace, Md

8. Full Name of Father, Chas C. Hornbeck

9. Father's Occupation Clerk

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J Chas Turner

Address, 511 Hanover

Remarks, 8930003595

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 50370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	September 26, 1893.
4. *Place of Birth, (Street and Number)*	1 Chestnut ave.
5. *Full Name of Mother,*	Ida Appleby.
6. *Mother's Maiden Name,*	Marsh.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Walter W. Appleby.
9. *Father's Occupation*	Railroader.
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

1893 0003596

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner of midwifery, or should no other person be in such occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, Sept 26 93-

4. Place of Birth, (Street and Number) 224 Carlton Ave.

5. Full Name of Mother, Maggie Smith.

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who takes this Return, [illegible]

Address, 697 W Lombard Street.

Remarks,

1893000359 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 503/7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Sept 26-93
4. *Place of Birth, (Street and Number)* 1425 Baltimore
5. *Full Name of Mother,* Maggie Thomas
6. *Mother's Maiden Name,* Hall
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Chas Jones
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Dr Mary Thomas

Address, 1207 Eutaw

Remarks, 893000035988

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 26th 1893.
4. Place of Birth, (Street and Number) No. 2021 Hillsdale St.
5. Full Name of Mother, Maggie Kenny.
6. Mother's Maiden Name, J. Schmidt
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Chas. Kenny
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. Lindner

Address, 1611 N. Monroe St.

Remarks, 1893000599

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	V
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 26-
4. *Place of Birth, (Street and Number)*	Hospital
5. *Full Name of Mother,*	Emma Langhammer
6. *Mother's Maiden Name,*	" King
7. *Mother's Birthplace,*	a
8. *Full Name of Father,*	J F Langhammer
9. *Father's Occupation*	merchant
10. *Father's Birthplace,*	a
Name of Medical Attendant, or other person who makes this Return,	J O'Donnell
Address,	1713 Bank St.
Remarks,	8930003600

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 5037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	20th Sept 1893
4. *Place of Birth, (Street and Number)*	456 E Cross St
5. *Full Name of Mother,*	Lucy Thomas
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Richmond Va
8. *Full Name of Father,*	Oliver Thomas
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Yewell
Address,	436 E Front Ave
Remarks,	

1893 0003601

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 5838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	26 th Sept 1893
4. *Place of Birth, (Street and Number)*	734 E Fort Ave
5. *Full Name of Mother,*	Ella A Wagner
6. *Mother's Maiden Name,*	Hartleye
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Wagner
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Agnew
Address,	736 E Fort Ave
Remarks,	

1893 0003602

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored.
3. Date of Birth,	Sept 26-93.
4. Place of Birth, (Street and Number)	857 Stockton Street.
5. Full Name of Mother,	Ida May Mathews
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	—
8. Full Name of Father,	—
9. Father's Occupation	—
10. Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this return.	O. B. Stone M.D.
Address,	622 N. Lombard Street.
Remarks,	

1893 0003603

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 26 - 93 -
4. *Place of Birth, (Street and Number)*	335 Carlton's Unit.
5. *Full Name of Mother,*	Jennie Dolan
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	—
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	O B Stone, M.D.
Address,	612 W Lombard Unit.
Remarrks,	

1893 0003604

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

A

RETURN OF A BIRTH. A 52379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 27

4. Place of Birth, (Street and Number) 19 Welcome alley.

5. Full Name of Mother, Effie Jones.

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, E. Thomas, M.D.

Address, 622 W Lombard Street

Remarks,

1 0 9 3 0 0 0 3 6 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 27 - 93
4. Place of Birth, (Street and Number) 805 E. Madison
5. Full Name of Mother, Sarah J. Amoss
6. Mother's Maiden Name, " Arthur
7. Mother's Birthplace, " Balto
8. Full Name of Father, John F. Amoss
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond. St

Remarks, 1893 0003606

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50381.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 27. 1893
4. *Place of Birth, (Street and Number)*	St Vincents Infant Asylum
5. *Full Name of Mother,*	Maria Jane
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace.*	"
Name of Medical Attendant, or other person who makes this Return.	Dr. Neil
Address.	Monument St. Balto.
Remarks.	8930003607

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 27 1893
4. Place of Birth, (Street and Number) 132½ Cross st.
5. Full Name of Mother, Mary L. McGlaughlin
6. Mother's Maiden Name, " Boyle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Owen J. McGlaughlin
9. Father's Occupation Bartender
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Thomas Cook M.D.
Address, 911 N. Charles st
Remarks,

1893 0003608

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A 50,383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* September 21, 1893.
4. *Place of Birth (Street and Number),* 202 Biddle St.
5. *Full Name of Mother,* Sallie T. Thomson.
6. *Mother's Maiden Name,* Sallie Posey.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William B. Thomson.
9. *Father's Occupation.* Machinist
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other person who makes this Return J. E. Hurd, M.D.

Address, 202 Biddle St

Remarks, School Labor

1893 0003609

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 50384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 27th 1893
4. *Place of Birth, (Street and Number)* 732½ N. Milton Ave
5. *Full Name of Mother,* Lucia Fritz
6. *Mother's Maiden Name,* Hill
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Fritz
9. *Father's Occupation* Cabinet-maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, C. L. Baumbach

Address, 418 S. Paca St.

Remarks, 1893 0003610

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner to the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50,385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September the 27 1893
4. *Place of Birth, (Street and Number)*	East St No 15 26
5. *Full Name of Mother,*	Elizabeth Dowling
6. *Mother's Maiden Name,*	Elizabeth Leonard
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Samuel E Dowling
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs S E Dolley
Address,	No 1722 Wilkins Ave
Remarks,	

1893 0003611

month, and shall set forth as far as the same can be ascertained the full name of each child born alive in his or her case during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

A. 5036.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 27

4. Place of Birth, (Street and Number) 2022 Division

5. Full Name of Mother, Mary McFaul

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Balto.

8. Full Name of Father, Geo. McFaul

9. Father's Occupation, Baker

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return, Dr. F. Fleming

Address, 1018 Madison Ave

Remarks,

1893000361 2

...Murphy & Co., Lith. Printers and Stationers.

RETURN OF A BIRTH. A 50387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 27
4. Place of Birth, (Street and Number) Durham St. 608
5. Full Name of Mother, Rosa Barokowska
6. Mother's Maiden Name, " Sebleska
7. Mother's Birthplace, Polan a
8. Full Name of Father, Martin Barokowski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return Maary Krozko

Address, 608 Bonaer

Remarks, 8930003613

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 50,388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 27th 1893
4. *Place of Birth, (Street and Number)* 1110 Carroll St
5. *Full Name of Mother,* Mrs Mary Borland
6. *Mother's Maiden Name,* Mary Hines
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Robert E Borland
9. *Father's Occupation* Teller
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 Lanvale St.

Remarks,

8930003614

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept - 27
4. Place of Birth, (Street and Number) 229 Eloel -
5. Full Name of Mother, mary V. Bison
6. Mother's Maiden Name, " " Kobb
7. Mother's Birthplace, a
8. Full Name of Father, E. P. Bison
9. Father's Occupation —
10. Father's Birthplace, a

Name of Medical Attendant, or other person who makes this Return J. E. Browne

Address, 1713 Bank St.

Remarks, 8 9 3 0 0 0 3 6 1 5

This Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 6th 1893
4. Place of Birth, (Street and Number) 1602 Alice Anna St
5. Full Name of Mother, Louise T. Haggerty
6. Mother's Maiden Name, Eckes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John T. Haggerty
9. Father's Occupation laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St

Remarks, 8930003615

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 5039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 27 — 1893
4. *Place of Birth, (Street and Number)*	501 President St.
5. *Full Name of Mother,*	Kate Jorio
6. *Mother's Maiden Name,*	Dinlonde
7. *Mother's Birthplace,*	Italia
8. *Full Name of Father,*	Antonio Jorio
9. *Father's Occupation*	Store Keeper
10. *Father's Birthplace,*	Italia
Name of Medical Attendant, or other person who makes this Return,	Mary Stein
Address,	1927 E. Pratt St.
Remarks.	

1893 0003617

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 50347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* ——

3. *Date of Birth,* 27th September

4. *Place of Birth, (Street and Number)* 1133 Scott st.

5. *Full Name of Mother,* Mary A. Geisendanner

6. *Mother's Maiden Name,* Mary A. Chambers

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Thos. J. Geisendanner

9. *Father's Occupation* Fireman

10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return Mary B Hertz

Address, 10-5 Green W. Dr.

Remarks,

1893 0 0 0 3 6 1 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 21st 1893.
4. Place of Birth, (Street and Number) N° 227 S. Bancroft.
5. Full Name of Mother, Mary Sullivan.
6. Mother's Maiden Name, J Donnelly.
7. Mother's Birthplace, Ennis Co. Clare Ireland.
8. Full Name of Father, John Sullivan.
9. Father's Occupation Laborer
10. Father's Birthplace, Ennis Co. Clare Ireland.

Name of Medical Attendant, or other person who makes this Return. Annie Linton

Address, N° 10 S. Monroe st

Remarks, 8930003619

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 53392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 27th 1893
4. Place of Birth, (Street and Number) 1129 Cookie St.
5. Full Name of Mother, Kate Clark.
6. Mother's Maiden Name, Kate Redchurch
7. Mother's Birthplace, London England
8. Full Name of Father, Patrick Clark
9. Father's Occupation Labour
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Lina Müller

Address, 1333 Hull St

Remarks, 1893000362 (Finis) (ΤΕΛΟΣ)

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50 395.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 27/93
4. *Place of Birth, (Street and Number)*	322 N Gilmor St
5. *Full Name of Mother,*	Anna C. Martin
6. *Mother's Maiden Name,*	Anna C. Martin
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles Henry Martin
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Addison C. Fox. M.D.
Address,	1530 West Fayette St
Remarks,	

1893 0003621

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 50390.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 27 93.
4. *Place of Birth, (Street and Number)*	1321 E. Madison St.
5. *Full Name of Mother,*	Adelaide McLaughlin
6. *Mother's Maiden Name,*	A. Bishop
7. *Mother's Birthplace,*	Frederick Md.
8. *Full Name of Father,*	Chas. J. McLaughlin
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other person who makes this Return,	Chas E. A. Keyser M. D.
Address,	1019 N. Caroline St.
Remarks,	8930003622

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

No. 50397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Name of child: John Henderson McMurray 6 Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 25 1893
4. *Place of Birth, (Street and Number)*	612 Cumberland St
5. *Full Name of Mother,*	Mary (Effie Murray) McMurray
6. *Mother's Maiden Name,*	Anglotz
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	George (Frank) McMurray
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return,	Howard Medical
Address,	1032 Hanover St
Remarks,	

1893 00 03623

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex; color; the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 50398.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 28th 1893
4. *Place of Birth, (Street and Number)*	602 Elm Ave Hampden
5. *Full Name of Mother,*	Annie Jenkins
6. *Mother's Maiden Name,*	Annie Porter
7. *Mother's Birthplace,*	Prince George's Co Md
8. *Full Name of Father,*	William Jenkins
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Howard Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. T. Shower, M.D.
Address,	421 Roland Ave. Hampden
Remarks,	893000362 4

Section 1. Be it enacted by the General Assembly of Maryland, That the Commissioner of Health shall cause the same to be furnished to each physician, midwife, or other person who shall be required by this act to report births, a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the full name and occupation of its parents, of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such attendance upon the mother immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GEO. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Owen

RETURN OF A BIRTH. 505399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Owens Lama

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, ~~Oct~~ Sept. 28th, 1893.
4. Place of Birth, (Street and Number) 1407 Linden Ave.,
5. Full Name of Mother, Ella R. Lama,
6. Mother's Maiden Name, Ella Lester Richstein.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Charles E. Lama.
9. Father's Occupation Merchant. (Manufacturer)
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Eldridge C. Price, M.D.

Address, 953 Madison Ave.

Remarks, 1893000 3625

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth so far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 28/93
4. Place of Birth, (Street and Number)	1535 N. Mount
5. Full Name of Mother,	Mary ~~Clark~~ Loyd
6. Mother's Maiden Name,	Mary Frantz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Shirley Loyd
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo W Jones M.D
Address,	1501 Pennsylvania Ave
Remarks,	1893 0003626

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 50401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 September 93
4. Place of Birth, (Street and Number) 711 Exeter St
5. Full Name of Mother, Catherine Gardner
6. Mother's Maiden Name, Hattie
7. Mother's Birthplace, New York
8. Full Name of Father, Francis Gardner
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E. Schwenger

Address, 711 Exeter St

Remarks,

0 9 3 0 0 0 3 6 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

A 20407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 t
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28 of September 1893
4. *Place of Birth, (Street and Number)*	204 N Castle St
5. *Full Name of Mother,*	Katharina Adams
6. *Mother's Maiden Name,*	Katharina Reins
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	August Adams
9. *Father's Occupation,*	Varnisher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mr. Ed. Hill M. D.
Address,	207. N. Castle St Baltimore
Remarks,	

1893 0 0 0 3 6 2 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 10405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	September 28. 1895
4. *Place of Birth, (Street and Number)*	2005 Oak St.
5. *Full Name of Mother,*	Cora Tucker
6. *Mother's Maiden Name,*	Cora Hallow
7. *Mother's Birthplace,*	Anne Arundel County. Md.
8. *Full Name of Father,*	W. D. Tucker
9. *Father's Occupation,*	Conductor
10. *Father's Birthplace,*	Anne Arundel County Md
Name of Medical Attendant, or other person who makes this Return.	Geo. C. Shumaker
Address,	1412 Freeman St.
Remarks,	

1893 0 0 0 3 6 2 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A. 50 404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth. Sept. 22/93
4. Place of Birth, (Street and Number) 304 S. Chapel st
5. Full Name of Mother, Maggie Benner
6. Mother's Maiden Name, " Bittner
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred. Benner
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Baugh st.

Remarks.

1893 0 0 0 3 6 3 0

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 50406.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 28/93
4. *Place of Birth, (Street and Number)*	2224 Rosedale str.
5. *Full Name of Mother,*	Louise Schaeberlein
6. *Mother's Maiden Name,*	Friedrich
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Schaeberlein
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	
Address,	Mrs. Deisenhofer 2225 Gough str
Remarks,	

6 9 3 0 0 0 3 6 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A. 50406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 28th 1893
4. *Place of Birth, (Street and Number)*	423 Falls Road, Hampden
5. *Full Name of Mother,*	Edith S. Bowers
6. *Mother's Maiden Name,*	Edith S. Turner
7. *Mother's Birthplace,*	Balt. Co. Md
8. *Full Name of Father,*	James H. Bowers
9. *Father's Occupation,*	Factory decorative
10. *Father's Birthplace,*	Carroll Co. Md
Name of Medical Attendant, or other person who makes this Return,	Geo. T. Shower, M.D.
Address,	421 Roland Ave Hampden
Remarks,	1893000036 32

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the aid or attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 50407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 28th 1893
4. *Place of Birth, (Street and Number)*	903 n Bond ave
5. *Full Name of Mother,*	Louise B Groff
6. *Mother's Maiden Name,*	Blatt
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Franklin L Groff
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	Chas E Sadtler
Address,	2100 Druid Hill Ave
Remarks,	1893000003633

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-7-60

A 50401

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Joseph Ralph Jones 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 28 - 1893
4. Place of Birth, (Street and Number) 3 Drisby St Annex
5. Full Name of Mother, Jennie L. Jones
6. Mother's Maiden Name, " " Crem
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lucien D A Jones
9. Father's Occupation, Printer,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, Waverly Station

Remarks, 1893 0003634

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule, each and every month to the office of the Commissioner of Health. In case no other person be in third day of each month, immediately thereafter. In the manner and within the period above required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons of such attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 50409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep 29/93
4. Place of Birth, (Street and Number) 1124 Light St
5. Full Name of Mother, Elizabeth Hennighausen
6. Mother's Maiden Name, Elizabeth Haupt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick L C Hennighausen
9. Father's Occupation, Watchmaker & Jeweler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Lulu Hinds

Address, 502 Lindenwald St

Remarks, 1893 0003635

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

50640

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept - 29 - 93
4. Place of Birth, (Street and Number) 1031 N. Carlton St.
5. Full Name of Mother, Minnie Aylesworth
6. Mother's Maiden Name, Minnie Parrott
7. Mother's Birthplace, Logansport Ind.
8. Full Name of Father, Charles Aylesworth
9. Father's Occupation, Photographer
10. Father's Birthplace, Bronson Michigan.

Name of Medical Attendant, or other person who makes this Return. Parsons Nichols Thos.

Address, 439. E. Eager St.

Remarks,

1893 0 0 0 3 6 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 5041.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 29 1893
4. Place of Birth, (Street and Number) 1010 Clifton Place Balto City
5. Full Name of Mother, Catherine Snyder
6. Mother's Maiden Name, Catherine Leonard
7. Mother's Birthplace, Blackrock Co
8. Full Name of Father, J. Frank Snyder
9. Father's Occupation, Engineer
10. Father's Birthplace, Westminster Carroll Co.

Name of Medical Attendant, or other person who makes this Return, Mary E Fiske

Address, 914 Clifton Place

Remarks,

: 6 9 3 0 0 0 3 6 3 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A. 50417.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday Sept 29th 93. 6.20 Pm.
4. *Place of Birth, (Street and Number)* 936 E. Monument St
5. *Full Name of Mother,* Emma M. Sexton
6. *Mother's Maiden Name,* Emma M. Poole
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos J. Sexton
9. *Father's Occupation* Engineer (Fire Dept)
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return E. Grafton Wheeler M.D.

Address, 116 W. Lanvale St, Baltimore

Remarks, 1893 0 0 3 6 3 8 mal

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 29 1893
4. *Place of Birth, (Street and Number)* 522 N Eutaw St
5. *Full Name of Mother,* Mrs Caroline Bartlett
6. *Mother's Maiden Name,* Caroline Freeman
7. *Mother's Birthplace,* Towanda Pa
8. *Full Name of Father,* Peter B Bartlett
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Bassel

Address, 711 West Cross St.

Remarks,

1893000639

Wm. J. C. Dulany Co., City Printers and Stationers

Section 1. This package shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 50414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 29 93
4. Place of Birth, (Street and Number) 429 E. Pratt St
5. Full Name of Mother, Lizzie Loughran Smith
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas J. Loughran
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr R Penny M.D.

Address, 200 E. Chase St.

Remarks, 1893 0003640

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 5043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep 29
4. Place of Birth, (Street and Number) 1223 William St
5. Full Name of Mother, Sarah L Miller
6. Mother's Maiden Name, " " " Brunner
7. Mother's Birthplace, Ireland
8. Full Name of Father, Rob Miller
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Linch

Address, 810 Leadenhall St

Remarks, 1893 0003641

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 5046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 24.
4. *Place of Birth, (Street and Number)* Wesley St 122
5. *Full Name of Mother,* Maggie Gerber
6. *Mother's Maiden Name,* Maggie Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Gerber
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Walter

Address, 428 N. Bond St

Remarks, 1893000364 2

The Physician, Midwife or other person in attendance upon any birth, shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month preceding the date of such list, and shall set forth as far as the same can be ascertained the full name and place of birth and the sex, color, the full name by the practitioner in the form of a certificate between the first and last schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. B. DALEY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 5047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 29/93
4. Place of Birth, (Street and Number) 2233 Eastern Ave.
5. Full Name of Mother, Mina Hoffman
6. Mother's Maiden Name, Massenberg
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Hoffman
9. Father's Occupation Crater
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough str

Remarks,

8930003643

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50 418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 10 Jul 17
4. *Place of Birth, (Street and Number)* 13 Riverside St
5. *Full Name of Mother,* Elizabeth Ellinger
6. *Mother's Maiden Name,* " Bickley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Ellinger
9. *Father's Occupation* Police Sergt
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Jas A Morgan

Address, 112 Wall St

Remarks, 8 9 3 0 0 0 3 6 4 4

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1 30419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	29th September 1893
4. *Place of Birth, (Street and Number)*	Bonaught 1503.
5. *Full Name of Mother,*	Mina Wellhausen.
6. *Mother's Maiden Name,*	Mina Spies.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	John Wellhausen
9. *Father's Occupation*	Schuckmacher
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return	Lizzie Schaffler
Address,	Fort Ave 1703.
Remarks,	1893 0003645

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	m
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sept 29. 93
4. Place of Birth, (Street and Number)	114 E Franklin St
5. Full Name of Mother,	Morford H. Hemsley
6. Mother's Maiden Name,	" " Hambleton
7. Mother's Birthplace,	Md
8. Full Name of Father,	R. T. Hemsley
9. Father's Occupation,	Clerk
Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return,	A. M. Hundley
Address,	1002 Edmondson
Remarks,	6930003646

J. C. BULLETY CO CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 12-4-52

RETURN OF A BIRTH.

A 50423.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Eva White Springer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 30th 1893.
4. *Place of Birth (Street and Number)* #606 E. Biddle Street
5. *Full Name of Mother* Maggie J. Springer
6. *Mother's Maiden Name* " " White
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Lewis S. Springer
9. *Father's Occupation* Machinist

Mother's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Ridgely Hammond M. D.

Address #502 N. Carey St.

Remarks

1893 0003647

RETURN OF A BIRTH. A. 30494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sept 30 - 93
4. Place of Birth, (Street and Number)	1835 Ashland Ave
5. Full Name of Mother,	Elizabeth Coats Erles
6. Mother's Maiden Name,	" Walts
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John H. Erles
9. Father's Occupation,	Barber
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	9/438 E Bond.
Remarks,	1893 0003648

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

GIVEN NAME ADDED 7-23-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George C. Paff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 22nd, 1893

4. Place of Birth, (Street and Number) 1 [illegible] Alley

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible]

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mrs Louisa Stuart

Address, [illegible]

Remarks, Filed October 1893 3649

C. Bulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50426

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sept 30 1893
4. Place of Birth, (Street and Number)	426 N Washington St.
5. Full Name of Mother,	Carry Miller
6. Mother's Maiden Name,	Baer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Miller
9. Father's Occupation	Printer
[illegible]ther's Birthplace,	Baltimore
[illegible]ame of Medical Attendant, or other person who [illegible]es this Return	Mary Stein
Address,	1427 E. Pratt St.
Remarks,	1 8 9 3 0 0 0 3 6 5 0

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 50427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* January 23

4. *Place of Birth, (Street and Number)* 41 E Eutaw St

5. *Full Name of Mother,* Mary Florence

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation* Engr

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Geo Dugan Gilbert

Address, 41 E Eutaw St

Remarks, 8930003651

J. C. Dulany Co., City Printers and Stationers.

One

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Floy Elizabeth Lehman

No. of Child of Mother, (~~state whether 1st, 2d, 3d,~~ &c.)

1. Sex, (~~state whether male or~~ female),
2. Race or Color, (~~if not of the~~ white race),
3. Date of Birth, September 30th 1893,
4. Place of Birth, (Street and Number) 1057 N Eutaw St,
5. Full Name of Mother, Fannie E Lehman,
6. Mother's Maiden Name, Fannie E Frost,
7. Mother's Birthplace, Wrightsville, York Co, Pa,
8. Full Name of Father, Horace E Lehman,
9. Father's Occupation, Butcher,
10. Father's Birthplace, Wrightsville, York Co, Pa,
11. Name of Medical Attendant, or other person who makes this Return, Edward R Stroud, M.D,
12. Address, 662 N Eutaw St,
13. Remarks,

1893000 3652

J. C. BULLEY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 30379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 20th 1893.
4. *Place of Birth, (Street and Number)* 1306 N. Saratoga St.
5. *Full Name of Mother,* Lillie Sullivan.
6. *Mother's Maiden Name,* Hood.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bernard Sullivan.
9. *Father's Occupation* Waiter.

[illegible]her's Birthplace, New York City

[illegible]me of Medical Attendant, or other person who makes this Return Robert Lichter

Address, 1101 N. Wayne St.

Remarks, 8930003653

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

A. 50430

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male.
Race or Color, (if not of the white race)	White.
Date of Birth,	Sept 30th 1893.
Place of Birth, (Street and Number)	401 W. Collington Ave.
Full Name of Mother,	Minnie Wherrett
Mother's Maiden Name,	Minnie Smith.
Mother's Birthplace,	South Amboy N.J.
Full Name of Father,	William G. Wherrett.
Father's Occupation,	Clerk.
Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Alfred B. Giles. M.D.
Address,	1340 Augusta St.
Remarks,	A finely formed & perfectly healthy baby.

8930003654

& STATIONER, BALT.

GIVEN NAME ADDED. 5-14-57

RETURN OF A BIRTH

A 50431.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sarah Ellen Newman 4.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, Sept 30 93

4. Place of Birth, (Street and Number) 622 W Lombard Unit.

5. Full Name of Mother, Sarah Newman.

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, C. B. Stone M. D.

Address, 627 W Lombard Unit.

Remarks,

18930003655

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 50437.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 30 93
4. Place of Birth, (Street and Number)	#1721 Byrd st
5. Full Name of Mother,	Irene M. Waters
6. Mother's Maiden Name,	" " Wagner
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Edw Waters
9. Father's Occupation,	Can Maker
10. Father's Birthplace,	Frederick Md
Name of Medical Attendant, or other person who makes this Return.	John C Roth
Address,	1809 Light st
Remarks,	1893 0003656

...LANY & SID., CITY PRINTERS AND STATIONERS

50433.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight Child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 30th 1893.
4. Place of Birth, (Street and Number) Baltimore Md 424 S Stricker St
5. Full Name of Mother, Mary Dorothe
6. Mother's Maiden Name, Bischoff.
7. Mother's Birthplace, Germany
8. Full Name of Father, Anton Konrath
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Koenig

Address, 424 S Stricker St Baltimore Md City

Remarks, Mother and Child are doing well.

C 9300036 57

© BULAWY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Sept 30-93.
4. Place of Birth, (Street and Number)	622 W Lombard Street.
5. Full Name of Mother,	Nellie Folley.
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	—
8. Full Name of Father,	—
9. Father's Occupation	—
10. Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this Return,	O. B. Stone, M.D.
Address,	622 W Lombard Street,
Remarks,	

1893 0003653

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 50436

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 30
4. Place of Birth (Street and Number)	2231 Barclay St
5. Full Name of Mother	Augusta S Tegeler
6. Mother's Maiden Name	Augusta Sehnfeldt
7. Mother's Birthplace	Philada Penna
8. Full Name of Father	Frederick A^m Tegeler
9. Father's Occupation	Clerk
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Robt Krean
Address	220 N Gilmor
Remarks	

1893 0003659

RETURN OF A BIRTH.

A50436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 30/93.
4. Place of Birth, (Street and Number) 230 S. Duncan Alley
5. Full Name of Mother, Annie Clock
6. Mother's Maiden Name, " Suter
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Clock
9. Father's Occupation, Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Chas. Daisenhofer

Address, 2225 Gough str

Remarks,

8930005660

J. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 30437

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Children
1. [redacted] (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Sept 30 th
4. Place of Birth, (Street and Number)	No 119 S. Durham St
5. Full Name of Mother,	Sarah J. Blackwell
6. Mother's Maiden Name,	Sarah J. Jones
7. Mother's Birthplace,	Portsmouth Va
8. Full Name of Father,	James J. Blackwell
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Brunswick Co Va
[redacted]me of Medical Attendant, or other person who makes this Return,	Dean Draper
Address,	123. N. Durham Street
Remarks,	1893 0003661

Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

No. 50438.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. [redacted], (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 30th 1899
4. Place of Birth, (Street and Number)	1908 Virginia Ave. 2d.
5. Full Name of Mother,	Alice R. Matthews
6. Mother's Maiden Name,	Alice R. McComas
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Henry V. Matthews
9. Father's Occupation,	Rail Road Hand
10. Father's Birthplace,	Baltimore Md.
[redacted]ame of Medical Attendant, or other person who makes this Return.	A G Watson
Address,	1501 N. Central Ave
Remarks,	

1893000366 2

Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 30. 93
4. Place of Birth, (Street and Number) Fort McHenry
5. Full Name of Mother, Annie Crawshite
6. Mother's Maiden Name, " Pennington
7. Mother's Birthplace, West Point N York
8. Full Name of Father, Adelbert Crawshite
9. Father's Occupation, Lieut: in Army
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1002 E Monument Ave

Remarks,

1893 0 0 0 3 6 6 3

BULLEY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 03640

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. [redacted], (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, September 1 1893

4. Place of Birth, (Street and Number) Lydrol Avenue 4

5. Full Name of Mother, Annie Rebecca McDonnell

6. Mother's Maiden Name, Annie R Gaetano

7. Mother's Birthplace, Prince George County

8. Full Name of Father, Charles F. McDonnell

9. Father's Occupation, Horse Business

10. Father's Birthplace, Baltimore City

[redacted]ame of Medical Attendant, or other person who makes this Return, Grace Wirtz

Address.

Remarks. 1893 0 0 0 3 6 6 4

Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 30641.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	8 September 1893
4. *Place of Birth, (Street and Number)*	150 Hanover St
5. *Full Name of Mother,*	Laura Brachey
6. *Mother's Maiden Name,*	Laura Zimmerman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wade Brachey
9. *Father's Occupation*	Bar keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Jno. F. Glasse
Address,	213 E. Heath St
Remarks,	1893 30641

Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH

A. 50467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Negro
3. Date of Birth,	Sept 9-1903
4. Place of Birth, (Street and Number)	117 Dolphin St
5. Full Name of Mother,	Annie M. Mason
6. Mother's Maiden Name,	Annie Sheridan
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Robert James Mason
9. Father's Occupation	Egg packer
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return	C. M. Cook M.D.
Address,	622 George St.
Remarks,	

8930003666

Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A50443.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 12 September 1892

4. *Place of Birth, (Street and Number)* 1401 Olive St

5. *Full Name of Mother,* Mamie Kenney

6. *Mother's Maiden Name,* Mamie Kelly

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Harry Kenney

9. *Father's Occupation* Driver

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, H. C. Carson

Address, 913 E. Heath St

Remarks, Govans Md

T 8930006367

Dulany Co. City Printers and Stationers

GIVEN NAME ADDED 4-28-52

RETURN OF A BIRTH. 50444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Myrtle Rose~~ Apple

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Living

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 September 1893

4. Place of Birth, (Street and Number) 158 Lexington

5. Full Name of Mother, Mary Apple

6. Mother's Maiden Name, Mary E Cater

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Isaac Apple

9. Father's Occupation Grocer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. R. Cashen

Address, 212 E Monument St

Remarks, 6930 Reg 5668

Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 30466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 t
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	11 of September 1893.
4. Place of Birth, (Street and Number)	119 N. Castle St.
5. Full Name of Mother,	Mary Causins
6. Mother's Maiden Name,	Mary Gaff
7. Mother's Birthplace,	England
8. Full Name of Father,	James Causins
9. Father's Occupation,	Cooper
10. Father's Birthplace,	Baltimore Md. U.S.
Name of Medical Attendant, or other person who makes this Return.	Mrs I. A. Hill M.D.
Address,	207 N. Castle St Baltimore
Remarks,	\ \ \ \

1893 U 003669

BALTIMORE CITY PRINTING AND STATIONERY

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 18 1923
4. Place of Birth, (Street and Number) 1147 E. Lexington
5. Full Name of Mother, Mamie Duncan
6. Mother's Maiden Name, Mamie Duncan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Duncan
9. Father's Occupation, Conductor
10. Father's Birthplace, South Carolina

Name of Medical Attendant, or other person who makes this Return, Mary Hall

Address, 1147 E. Lexington

Remarks,

1 8 9 3 0 0 0 3 6 7 0

RETURN OF A BIRTH A. 50447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23 of Th 1892. September.

4. Place of Birth, (Street and Number) 605 Port St.

5. Full Name of Mother, Elise Baer.

6. Mother's Maiden Name, Burchardt

7. Mother's Birthplace, Balto

8. Full Name of Father, Ludwig Baer.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss.

Address, 2522 Lancaster St.

Remarks,

8 9 3 0 0 0 3 6 7 1

Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

50448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 13 September 1893

4. *Place of Birth, (Street and Number)* 912 Battery Ave

5. *Full Name of Mother,* Alice Smith

6. *Mother's Maiden Name,* Alice Forcite

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Norman Smith

9. *Father's Occupation* Cigarmaker

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. R. Easley

Address, 2126 E. Madison St

Remarks, Born at Home

1893 D 00036 Hall

Sulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 15th 1893

4. Place of Birth, (Street and Number) 101 Race St

5. Full Name of Mother, Mrs Catrin Klein

6. Mother's Maiden Name, Miss Catrin Lorman

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Theodor Klein

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr Loose

Address, Maggie A. Wilkson M.D. 14 W. Lexington St

Remarks,

1893 0 0 0 3 6 7 3

Sulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 30450

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Indian
3. *Date of Birth,*	Feb. 17th, 1893
4. *Place of Birth, (Street and Number)*	314 E. Fenwick St.
5. *Full Name of Mother,*	Susan Berry
6. *Mother's Maiden Name,*	Susan Ford
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Elson Berry
9. *Father's Occupation,*	Sailor
0. *Father's Birthplace,*	Lewis Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Samuel Hatchet
Address,	19 Campbell St.
Remarks,	

8 9 3 0 0 0 3 6 7 4

...lany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, Sept 4 18
4. Place of Birth, (Street and Number) 1114 Vincent st
5. Full Name of Mother, Mrs Julia Woods
6. Mother's Maiden Name, Miss Julia Gaddis
7. Mother's Birthplace, Texantick MD
8. Full Name of Father, George H Woods
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Hans E Duppin

Address, 1114 Vincent St

Remarks,

1893 0003675

Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 18 th 1893
4. Place of Birth, (Street and Number) #6 Carroll Avenue
5. Full Name of Mother, Mrs. Lizzie Arnold
6. Mother's Maiden Name, Mrs Lizzie Stevens
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward Arnold
9. Father's Occupation Butcher Business
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1893 0003676

...lany Co., City Printers and Stationers

RETURN OF A BIRTH. 50613.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23 of September

4. Place of Birth, (Street and Number) 520 S. Anne St.

5. Full Name of Mother, Anna Eversman

6. Mother's Maiden Name, Gerken

7. Mother's Birthplace, London (Germ)

8. Full Name of Father, Heinrich Eversman

9. Father's Occupation, Tailor

10. Father's Birthplace, Imperial Hanover (Germ)

Name of Medical Attendant, or other person who makes this Return, Wm F. Weis

Address, 2022 Lancaster St.

Remarks,

1893 0003677

Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A.50434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23 September 1893

4. Place of Birth, (Street and Number) 167 West St

5. Full Name of Mother, Annie Hilly

6. Mother's Maiden Name, Annie Taylor

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jesse Hilly

9. Father's Occupation, Street cleaner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. F. Carey

Address, 213 E. Read St

Remarks, Living Child

1893000 3576

...ulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 30455.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23 July 1893

4. Place of Birth, (Street and Number) 21 Eager St.

5. Full Name of Mother, Annie Courtney

6. Mother's Maiden Name, Littlewood

7. Mother's Birthplace, Wales

8. Full Name of Father, James Courtney

9. Father's Occupation Engine

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return E. Chatham Sinclair

Address, 12 Calhoun and St

Remarks,

1893 0 0 0 3 6 7 9

...lany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimo

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & 2nd.
1. *Sex, (state whether male or female)*	Female & male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 1. 93
4. *Place of Birth, (Street and Number)*	1610 N. Caroline St.
5. *Full Name of Mother,*	Ottilie Marg't. Tabeling
6. *Mother's Maiden Name,*	" " Krug
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Henry Gerhard Tabeling
9. *Father's Occupation*	Merchant tailor
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo A Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

8 9 3 0 0 0 3 6 8 0

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so shall hereafter fail to comply with the provisions of [illegible] section shall be subjected to the fine of [illegible] for each offence, to be recovered as other fines and [illegible] are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics. Board of Health, Baltimo

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & 2nd
1. *Sex, (state whether male or female)*	Female & Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 1st & 3
4. *Place of Birth, (Street and Number)*	1611 N. Caroline
5. *Full Name of Mother,*	Mattie M. Tabeling
6. *Mother's Maiden Name,*	Bruft
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Percy G. Tabeling
9. *Father's Occupation,*	
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return,	Geo. A Hartman
Address,	
Remarks,	1893 0003681

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept 3rd 1893
4. *Place of Birth, (Street and Number)*	1325 Hanford Ave
5. *Full Name of Mother,*	~~D~~ Mamie E Wehage
6. *Mother's Maiden Name,*	Thurman
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Louis Wehage
9. *Father's Occupation,*	clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Dr. O. B. Billingslea
Address,	1206 E. Preston St
Remarks,	

1893000003682

...ICE upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and ...itures are recoverable.

...J. C. BULLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 50468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name- Rosa Ideberge Hoernig

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 October, 1893
4. Place of Birth, (Street and Number) 1317 N. Gilmor St
5. Full Name of Mother, Caroline ~~Hoernig~~ Hoernig
6. Mother's Maiden Name, Caroline Greinsey
7. Mother's Birthplace, Balto Md
8. Full Name of Father, H. L. ~~Hoernig~~ Hoernig
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, C. J. Brooks

Address, 1225 Light St

Remarks, Live Well

1893000036 83

Wm. J. C. Dulany Co., City Printers and Stationers

A. 50469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 4, 1893.
4. Place of Birth, (Street and Number)	329 Broadway
5. Full Name of Mother,	Adelene Amanda Allen
6. Mother's Maiden Name,	Adelene Amanda Davis
7. Mother's Birthplace,	Charles County Md
8. Full Name of Father,	Thomas Nathaniel Allen
9. Father's Occupation,	Engineer (Stationary)
10. Father's Birthplace,	Charles County Maryland
Name of Medical Attendant, or other person who makes this Return,	E. B. Mathews M.D.
Address,	912 Frederick Ave
Remarks,	

1893 0 0 0 3 6 8 4

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 50470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 7. 1893
4. Place of Birth, (Street and Number) Sherwood Balto Co Md
5. Full Name of Mother, Bessie Reid Slater
6. Mother's Maiden Name, Reid
7. Mother's Birthplace, Norfolk Va
8. Full Name of Father, N. H. Slater
9. Father's Occupation Manufacturer
10. Father's Birthplace, Montgomery Co Md

Name of Medical Attendant, or other person who makes this Return, J. H. Daniel M.D

Address, 211 N. Franklin St

Remarks, 1893 0 0 0 3 6 8 5

Penalty for neglect.—Any person required by this section to report the birth of a child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 58471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 to Livd

1. Sex, (state whether male or female) ~~White~~ Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th Sept
4. Place of Birth, (Street and Number) Baltimore hill st 22
5. Full Name of Mother, Jennie Leury
6. Mother's Maiden Name, Jane Curley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Leury
9. Father's Occupation Fireman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return Mrs Taylor

Address, 41 Gilford st

Remarks, 0 9 3 0 0 0 3 6 8 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 April
4. Place of Birth, (Street and Number) 1124 Talbot St
5. Full Name of Mother, Marie Waltzenbach
6. Mother's Maiden Name, Thuber
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Waltzenbach
9. Father's Occupation
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Geo. Walker

Address, 928 N. Gay St.

Remarks, 1893 0003687

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 50473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 1st 1913
4. Place of Birth, (Street and Number) 120 Bayview Ave
5. Full Name of Mother, Mary Waltin
6. Mother's Maiden Name, Mary Waltin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, A. H. Waltin
9. Father's Occupation Conductor B & O R R
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, C. A Brooks

Address, 1525 Light St

Remarks, Dang Mill

B 93000 3688

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 51474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male Sex
2. *Race or Color, (if not of the white race)*	Light Brown
3. *Date of Birth,*	September 5th
4. *Place of Birth, (Street and Number)*	715 Dyrham St
5. *Full Name of Mother,*	Maggie Somers
6. *Mother's Maiden Name,*	Maggie Forest
7. *Mother's Birthplace,*	St Marys County
8. *Full Name of Father,*	William Somers
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	St Marys County MD
Name of Medical Attendant, or other person who makes this Return.	Ann Forest
Address,	715 Durham Street
Remarks,	Baltimore MD

B 1300036889

...ENS, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...G. J. GILARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 30475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 8 1893
4. *Place of Birth, (Street and Number)*	906 n Patt Street
5. *Full Name of Mother,*	Mamie Fleischer
6. *Mother's Maiden Name,*	M. Rice
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ed Fleischer
9. *Father's Occupation*	coal - dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Marie L. Rubenstein M.D.
Address,	725 Mulberry Street
Remarks,	

1893 0 0 0 3 6 9 0

Penalty upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th Sept 1893
4. Place of Birth, (Street and Number) 403 E. Pratt St.
5. Full Name of Mother, Rebecca Rosinkowitch
6. Mother's Maiden Name, Markowitch
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Rosinkowitch
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Albemarle St.

Remarks, 1893 0003691

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 30477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) male Child
2. Race or Color, (if not of the white race) Color Child
3. Date of Birth, March 10 1893
4. Place of Birth, (Street and Number) 1616 St Paul City
5. Full Name of Mother, Hannah Primrose
6. Mother's Maiden Name, Hannah Jones
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Peter Primrose
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Mr J Hinkel

Address, Bartell abv. 6th

Remarks,

1693000369 2

Wm. J. C. Dulany Co., City Printers and Stationers

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W Lite
3. *Date of Birth,* 10 September 1893
4. *Place of Birth, (Street and Number)* 523 Byrd St
5. *Full Name of Mother,* Laura Lambert
6. *Mother's Maiden Name,* Laura Faury
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* W Virgil L Lambert
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, C A Brooks

Address, 1525 Light St

Remarks, Doing Well

1893 U 003693

...; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 50479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 11th 1893
4. Place of Birth, (Street and Number)	1714 E. Preston St
5. Full Name of Mother,	Isabella Farley
6. Mother's Maiden Name,	Braid
7. Mother's Birthplace,	Balto
8. Full Name of Father,	James F. Farley
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	M. B. Billingslea
Address,	1206 E. Preston St
Remarks,	

1893 0003694

To the Mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 50480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 11th 1893
4. Place of Birth, (Street and Number)	915 E Bedde St
5. Full Name of Mother,	Margarite Ephraim
6. Mother's Maiden Name,	Finck
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Bernard Ephraim
9. Father's Occupation	Farmer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return	S. H. Baldwin M. D.
Address,	1501 E. Eager St
Remarks,	1893000036 95

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 50481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) whit
3. Date of Birth, September 12 1893.
4. Place of Birth, (Street and Number) 645 Eanor Str
5. Full Name of Mother, Bettie Stwarz
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Morris Shwarz
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. J Steiner

Address, 122 S Exeter str

Remarks, 6 9 3 0 0 0 3 6 9 6

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 50482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 13th 93
4. Place of Birth, (Street and Number)	1414 Retreat
5. Full Name of Mother,	C. Hanlon
6. Mother's Maiden Name,	C. Walsh
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Wm Hanlon
9. Father's Occupation,	Limb Inspector
10. Father's Birthplace,	New Jersey
Name of Medical Attendant, or other person who makes this Return,	L. F. Hey MD
Address,	2414 Druid Hill Ave
Remarks,	L. C. & Gas.

1893 Sept 13 697

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Sept. 13, 1893
4. Place of Birth, (Street and Number) 225 Dolphin St.
5. Full Name of Mother, Sally B. Tinsley
6. Mother's Maiden Name, " " Barker
7. Mother's Birthplace, City
8. Full Name of Father, Charles Tinsley
9. Father's Occupation, Waiter
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 1424 N. Gaeene St.

Remarks,

6 9 3 8 0 0 3 6 9 8

Section 1. Be it enacted by the people of the State of Maryland, That it shall become the duty of the parent or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. J. G. SALAKY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 50484

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 13 sept.

4. Place of Birth, (Street and Number) 1202 E Aiken place.

5. Full Name of Mother, Lizie Sheeper

6. Mother's Maiden Name, Thorne

7. Mother's Birthplace, Germ.

8. Full Name of Father, Friedrich Sheeper

9. Father's Occupation

10. Father's Birthplace, Germ

Name of Medical Attendant, or other person who makes this Return, Agnes Hall

Address, 928 N Bond ave.

Remarks,

18930003699

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine (not less than) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 30485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 Sept 1
4. Place of Birth, (Street and Number) 1016 East Hoffman St
5. Full Name of Mother, Isabella Mulloa
6. Mother's Maiden Name, Diaz
7. Mother's Birthplace, Cuba
8. Full Name of Father, Celso Mulloa
9. Father's Occupation, —
10. Father's Birthplace, Cuba

Name of Medical Attendant, or other person who makes this Return, Annie Walker

Address, 928 E. Eutaw Ave.

Remarks, 1893 0003700

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

51486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First-
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 15 1893
4. Place of Birth, (Street and Number)	110 N Lombard St.
5. Full Name of Mother,	Hester Baker
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	Md
8. Full Name of Father,	—
9. Father's Occupation,	—
10. Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this Return.	Chas. S. Neer
Address,	110 N Lombard St
Remarks,	1893 0003701

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 15. 1893
4. Place of Birth, (Street and Number) 377 Lanvale St.
5. Full Name of Mother, Ludie Stack
6. Mother's Maiden Name, Kirk
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph Stack
9. Father's Occupation Police
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return J. N. Scarff M.D.

Address, 211 N. Franklin St

Remarks, 1893 0003702

Whosoever upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 50488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 16th 1893
4. *Place of Birth, (Street and Number)*	1921 Aisquith St
5. *Full Name of Mother,*	Ida Robinson
6. *Mother's Maiden Name,*	Evans
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Elmer Robinson
9. *Father's Occupation,*	machinist
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	M. B. Billingslea
Address,	1206 E Preston St
Remarks,	1893 0003703

Attention is called to the fact that it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 57489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 16. 93
4. *Place of Birth, (Street and Number)*	1546 E. Biddle St.
5. *Full Name of Mother,*	Elizth. Lottie Gellerman
6. *Mother's Maiden Name,*	" " Seger
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Chas. C. Gellerman
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. A. Hartman M.D.
Address,	1121 N. Carlton St.
Remarks,	

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8930003704

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 50490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wilmer Brenton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sunday September 17th 1893
4. Place of Birth, (Street and Number)	1232 N. Calvert St.
5. Full Name of Mother,	Katharine B. Brenton
6. Mother's Maiden Name,	Katharine Buck
7. Mother's Birthplace,	Mississippi
8. Full Name of Father,	Wilmer Brenton, M.D.
9. Father's Occupation,	Physician
10. Father's Birthplace,	Pennsylvania
Name of Medical Attendant, or other person who makes this Return,	Wilmer Brenton, M.D.
Address,	S. W. Cor. Calvert & Preston Sts.
Remarks,	GIVEN NAME ADDED 4-19-50

1893 0006 705

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 11-10-55

RETURN OF A BIRTH. A-50491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Caroline Schubert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 17th Sept 1893
4. Place of Birth, (Street and Number) 1643 1/2 Spring st
5. Full Name of Mother, Louise ~~Lena~~ Schubert
6. Mother's Maiden Name, " nee Dollenberg
7. Mother's Birthplace, Germany
8. Full Name of Father, John Schubert
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Greene

Address, 944 N Gay st

Remarks,

1 8 9 3 0 0 0 3 7 0 6

Wm. J. C. Dulany Co., City Printers and Stationers

Attention is called to the fact that the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. BA 50492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, Sept. 17
4. Place of Birth, (Street and Number) 529 Bradley Court
5. Full Name of Mother, Mary Johnson
6. Mother's Maiden Name, Gentemann
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Johnson
9. Father's Occupation, Entertainer
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. Wilmer Benton M.D.

Address, Md. Lying in Hospital

Remarks,

8430003707

Every Midwife required by this section to report births to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 50493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	18th Sep
4. Place of Birth, (Street and Number)	821 N Willow st
5. Full Name of Mother,	Mary Murphy
6. Mother's Maiden Name,	" Kennedy
7. Mother's Birthplace,	Irland
8. Full Name of Father,	John Murphy
9. Father's Occupation	Labor
10. Father's Birthplace,	Irland
Name of Medical Attendant, or other person who makes this Return,	Mr Julia Groome
Address,	944 N Gay st
Remarks,	

1693000370 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 58494

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 18 1893
4. Place of Birth, (Street and Number)	116 W. Lombard St
5. Full Name of Mother,	Annie Singer
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Germany
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Chas S Neer
Address,	113 W. Lombard St
Remarks,	1893 0003709

The Mayor and City Council of Baltimore, by ordinance hereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, Sept 18 1893
4. Place of Birth, (Street and Number) Md Lying in Hosp.
5. Full Name of Mother, Louisa Wales
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balt.
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,
11. Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton. Md. Md Lying in Hospital
12. Address,
13. Remarks, 1893000037 10

Every person required by law to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 30496

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First-
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept- 18
4. Place of Birth, (Street and Number)	115 W. Lombard St.
5. Full Name of Mother,	Martha Short-
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	Del.
8. Full Name of Father,	—
9. Father's Occupation,	—
10. Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this Return,	Chas. S. Nee
Address,	115 W Lombard St
Remarks,	1893 0003711

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 50497

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 18th 1893
4. Place of Birth (Street and Number)	22 E. Preston St
5. Full Name of Mother	Theresa McLennan
6. Mother's Maiden Name	" Boyle
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Thomas McLennan
9. Father's Occupation	Steamboat Captain
10. Father's Birthplace	Salem N.J.
Name of Medical Attendant, or other Person who makes this Return	Dr. Lowney & Barclay (Md)
Address	157 W. Lemmon St
Remarks	

1893000371 2

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A. 50498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 19th 1893
4. *Place of Birth, (Street and Number)*	H 1287 W. Fayette St.
5. *Full Name of Mother,*	Lucy Belle Wagner Moore
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	N. Hector N. Y. State
8. *Full Name of Father,*	Wm H. Wagner
9. *Father's Occupation,*	Clerk P. W. & B. R.R.
10. *Father's Birthplace,*	N. Y. City
Name of Medical Attendant, or other person who makes this Return,	R. C. Lee
Address,	N. W. cor Hanover & Barre Sts
Remarks,	

8930003713

Every person who shall neglect or refuse to report the birth of a child, or who shall report the date of the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 50499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 19, 1893
4. Place of Birth, (Street and Number)	115 N Lombard St
5. Full Name of Mother,	Becky Leavarde
6. Mother's Maiden Name,	Russia
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	Chas Allen 115 N Lombard St
Address,	
Remarks,	6930003714

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-12-57

RETURN OF A BIRTH. 58500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Grace James

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 19. 93
4. Place of Birth, (Street and Number)	521 N. Carolina st.
5. Full Name of Mother,	Gertrude James
6. Mother's Maiden Name,	Ballard
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Thos. C. James
9. Father's Occupation	Printer
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Chas A Hartman M.D.
Address,	1121 N. Carolina st
Remarks,	

1893000037 15

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 5050 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8930003716

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 50502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 September 1873
4. Place of Birth, (Street and Number) 109 Byrd St
5. Full Name of Mother, Maggie Parks
6. Mother's Maiden Name, Maggie Faucht
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H Parks
9. Father's Occupation Letter Carrier
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, C E Brooks
- Address, 1325 Light St
- Remarks, Dairy Mail

8930003717

Wm. J. C. Dulany Co., City Printers and Stationers

Every physician, midwife, or other person having charge of or rendering assistance at the birth of a child, shall cause the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 50503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 September 1893
4. Place of Birth, (Street and Number) 938 Light St
5. Full Name of Mother, Mary Agnes
6. Mother's Maiden Name, Mary Carr
7. Mother's Birthplace, Maryland
8. Full Name of Father, Peter Agnes
9. Father's Occupation Boss Bricklayer
10. Father's Birthplace, Pittsburg Pa
Name of Medical Attendant, or other person who makes this Return, C A Brooks
Address, 938 Light St
Remarks, Living Well

8930003718

...C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A 50504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 20 1893
4. Place of Birth, (Street and Number) — Eutaw St.
5. Full Name of Mother, Mary Stymann
6. Mother's Maiden Name, Mary Schmidt
7. Mother's Birthplace, Carroll County Md
8. Full Name of Father, Andrew Stymann
9. Father's Occupation, Tobacco
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other person who makes this Return, J B Mullen MD
    Address, 852 Frederick Ave
    Remarks,

1893000 3719

The child mentioned in this certificate, hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

THE J. D. ENRANY CO. CITY PRINTERS AND STATIONERS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-50789

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Constitution Street
(b) Mother's stay before delivery:
In hospital or institution — In Baltimore (Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. Constitution (If rural give location)

3. Full name of child JOHN MOONEY

4. Date of birth October 7, 1893 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet — If so—born 1st, 2d, or 3rd: 3

7. Number weeks of pregnancy

8. Hour of birth M.

FATHER OF CHILD

9. Full Name Martin Mooney
10. Color or race W
11. Age at time of this birth 28 yrs
12. Birthplace Dublin, Ireland (City, town, or county) (State or foreign country)
13. Usual occupation Moulder
14. Industry or business Livery Stable

MOTHER OF CHILD

15. Full Maiden Name Ann Brady
16. Color or race W
17. Age at time of this birth 27 yrs.
18. Birthplace County Mayo, Ireland (City, town, or county) (State or foreign country)
19. Usual occupation Dressmaker
20. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:
Constitution St.
Baltimore, Md.

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by , related to this child as Self

24. Date rec'd by local registrar October 10 1893

25. Signed Dr. James F. McShane Registrar

26. Given name added by Registrar per

(Signed) Physician (or midwife) who attended this birth (Midwife) M. D.

or

Address

1893 OCT 30 State Registrar of Vital Records
Date

VS 100

Vol. 13
Fol. 91

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A50835

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 202 W. Lee St.
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 202 W. Lee Street
(If rural give location)

3. Full name of child Mary Angela Corrigan

4. Date of birth Oct. 12 1893
(Month) (Day) (Year)

5. Sex:

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number weeks of pregnancy .....

8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Chas. Corrigan
10. Color or race W 11. Age at time of this birth ..... yrs.
12. Birthplace Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Catherine Cowman
16. Color or race W 17. Age at time of this birth ..... yrs.
18. Birthplace Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 1 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead) .....

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... , related to this child as .....

24. Date rec'd by local registrar November 14 1893

(Signed) J.C. Burch M. D.
Physician (or midwife) who attended this birth

25. Signed Dr. James F. McShane
Registrar

or Sidney M. Norton State
Custodian of Records and Registrar

26. Given name added 4/22/74 by Registrar per SMN

Address ..... Date .....

VS 100 No information appears on original filing for information appearing on this certificate.

RETURN OF A BIR

To the Office of Registrar of Vital Statistics, Board of Healt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Ma

1. Sex, (state whether male or female) Mal

2. Race or Color, (if not of the white race) Whi

3. Date of Birth, September

4. Place of Birth, (Street and Number) 263 W Pine St

5. Full Name of Mother, Yetta Friedlander

6. Mother's Maiden Name, Yetta Cohen

7. Mother's Birthplace, Russi

8. Full Name of Father, Max Friedlander

9. Father's Occupation Tai

10. Father's Birthplace, Russ

Name of Medical Attendant, or other person who makes this Return, Dr. Lewis Bentley

Address, 44 E York St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

L 8930003722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

51254

(1) PLACE OF BIRTH

CITY OF BALTIMORE. (No. 1105 Clifton Ave St.; _____ Ward)

Registered No. B _____

(2) FULL NAME OF CHILD William Addison Baker Jr.

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Twin, triplet, or other? (To be answered only in event of plural births)	(5) Number in order of birth	(6) Legitimate?	(7) Date of Birth
Male			Yes	October 15 1923 (Month) (Day) (Year)

FATHER

(8) FULL NAME W. Addison Baker

(9) RESIDENCE 1105 Clifton Ave

(10) COLOR White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Bath. Md

(13) OCCUPATION Clerk J. K. Kromelbag Co

(20) Number of children born to this mother, including present birth 3

MOTHER

(14) FULL MAIDEN NAME Carrie K. Taylor

(15) RESIDENCE 1105 Clifton Ave

(16) COLOR White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Bath. Md.

(19) OCCUPATION Housework

(21) Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify That I attended the birth of this child, who was BORN ALIVE at 11 o'clock P. M., on the date above stated.

RECEIVED FOR RECORD

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

C. HERBERT JONES, M.D. BOARD OF HEALTH

(23) Signature George A. Hartman (Physician)

Address 1320 N. Gilmor Ave Bath. Md.

(24) Given name added from supplemental report _____, 19

Filed _____, 19 .

Registrar.

Registrar.

(READ THE REVERSE SIDE)

RETURN OF A BIRTH. 513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 t

1. Sex, (state whether male or female) Babe
2. Race or Color, (if not of the white race) Wh
3. [illegible] of Birth, 17 th [illegible] 1893
4. [illegible] th, (Street and Number) Hanburg 32 d
5. [illegible] Mother, Ida Schutt
6. Mot[illegible] den Name, Ding
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Schutt
9. Father's Occupation Wat Mer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Caroline Schwarz Frd [illegible]

Remarks,

1893005724

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Female child
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct-1-1893
4. Place of Birth, (Street and Number) Jefferson ST Baltimore City
5. Full Name of Mother, Annie Sadler
6. Mother's Maiden Name, Annie Shipley
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Wolfe
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs E Kinkel

Address, Baltimore City

Remarks, 1893000 3725

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 1, 1893
4. Place of Birth, (Street and Number)	219 Hamburg St
5. Full Name of Mother,	Linda Wroten
6. Mother's Maiden Name,	Linda Linden
7. Mother's Birthplace,	Delaware
8. Full Name of Father,	Jos. Wroten
9. Father's Occupation	Letter Carrier
10. Father's Birthplace,	Delaware
Name of Medical Attendant, or other person who makes this Return,	Dr. R. Gosley
Address,	213 E. Heath St
Remarks,	Living Well

1893 NOV 7

The midwife, nurse or householder, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 51316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 1. 193

4. Place of Birth, (Street and Number) 829 Carrie St.

5. Full Name of Mother, Lillie M. Pfeiffer

6. Mother's Maiden Name, " " Schwartz

7. Mother's Birthplace, Balto.

8. Full Name of Father, Charles L. Pfeiffer

9. Father's Occupation, Cutter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return, C. L. Buddenbohn

Address, 418 S. Paca St.

Remarks,

B 930003727

In accordance upon the notice, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 51317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 1st
4. *Place of Birth, (Street and Number)*	1006 Scott St
5. *Full Name of Mother,*	Mary Ellen Spencer
6. *Mother's Maiden Name,*	Mary Ellen Spencer
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John Peter Spencer
9. *Father's Occupation*	Stone-Mason
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Ann Bange
Address,	711 Broadway
Remarks,	

1893 0003728

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

A 51318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st of November
4. Place of Birth, (Street and Number) 526 Hopkins St.
5. Full Name of Mother, Mary Lizzie Gause
6. Mother's Maiden Name, Mary Lizzie Hall
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Louis Augustus Gause
9. Father's Occupation, Cigar packer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Ann Mahaney.

Address, 1423 Ashland Ave.

Remarks,

1893 0003729

The birth is to be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

From J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

A 51319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white race

3. Date of Birth, 1 November

4. Place of Birth, (Street and Number) No 511 N Ramsay St Balto

5. Full Name of Mother, Mrs Annie Thomas

6. Mother's Maiden Name, Annie Buchanek

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Mr George Thomas

9. Father's Occupation Barber

10. Father's Birthplace, Neukenaath Bayern Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Catherine Sabach

Address, 735 N Pratt St Baltimore Md

Remarks,

1893000730

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 5/330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 1 - 1893
4. Place of Birth, (Street and Number)	1115 Hollins St
5. Full Name of Mother,	Mrs Jas W Dennerey
6. Mother's Maiden Name,	Elizabeth Reinhardt
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James W Dennerey
9. Father's Occupation	Tin and Sheet Iron worker
10. Father's Birthplace,	Washington D C
Name of Medical Attendant, or other person who makes this Return,	Dr Latrum Eclad
Address,	735 W Pratt St Balt Md.
Remarks,	

1893000373 1

...ever without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ... dollars for each offense, to be recovered as other fines and penalties are recoverable.

...C. Delany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 51321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1 Nov
4. *Place of Birth, (Street and Number)*	1622 Bethel st
5. *Full Name of Mother,*	Ena Young
6. *Mother's Maiden Name,*	Ena Fratse
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jose Young
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	~~Mrs~~ Mrs Schuman
Address,	409 South Bond st
Remarks,	1893000373 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 51322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 1 1893
4. Place of Birth, (Street and Number) No. 417 Patapsco St
5. Full Name of Mother, Susanna Berger
6. Mother's Maiden Name, Susanna Locke
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Berger
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks, 1893000373 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 51323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 1 1893
4. Place of Birth, (Street and Number) 11 Lafayette st Havre
5. Full Name of Mother, Ida Scobell
6. Mother's Maiden Name, Brashears
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John O Scobell
9. Father's Occupation, Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Physician Westbrook M D

Address, 237 Cornwall Avenue

Remarks,

1893000373 4

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 51324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Mar 1. 1893
4. Place of Birth, (Street and Number) Cor Guttman ave & Preston Lane
5. Full Name of Mother, Alice E. Dunn.
6. Mother's Maiden Name, Alice E. Brown.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Jno R. Dunn.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Elwood Huggins M.D.

Address, 2418 E. Pratt St. Balto.

Remarks, 8930003735

Attendance upon the mother immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 1 — 93
4. Place of Birth, (Street and Number) 1518 N Washington
5. Full Name of Mother, Cora A Blight
6. Mother's Maiden Name, " " Hill
7. Mother's Birthplace, Balto
8. Full Name of Father, Howard H. Blight
9. Father's Occupation Milkman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 1438 N Bond St

Remarks,

8930003736

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 311 Eden St Nov 1 1893
4. *Place of Birth, (Street and Number)* 311 Eden St
5. *Full Name of Mother,* Minnie Dare
6. *Mother's Maiden Name,* Condon
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Francis Dare
9. *Father's Occupation* Stone cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E Scheuman

Address, 42 Albemarle St

Remarks,

8930003737

Henderson upon the mother, immediately thereafter it shall become the duty of the [illegible] person to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 5132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 1 1893.
4. Place of Birth, (Street and Number) 403 S High St
5. Full Name of Mother, Ida Klein
6. Mother's Maiden Name, Rakowsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Klein
9. Father's Occupation Bricklayer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Schweyer

Address, 172 Albemarle St

Remarks,

1893000373 8

Penalty upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall knowingly fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 51328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 1. 1898.
4. Place of Birth, (Street and Number)	922 E. Baltimore St.
5. Full Name of Mother,	Sheine Goldstein
6. Mother's Maiden Name,	Gornstein
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Joseph Goldstein
9. Father's Occupation,	Working man
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return.	Dr. H. W. Lubchansky
Address,	22 N. Exeter St.
Remarks,	18930003739

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

New J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A. 51329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 1st
4. Place of Birth, (Street and Number) 1424 A. West st.
5. Full Name of Mother, Susanna Milthe
6. Mother's Maiden Name, Susanna Kreft
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Milthe
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr Jos. Henzzeler

Address, 1638 Fort Ave.

Remarks,

1893 0003740

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51330

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Friday November 1st, 1895.
4. Place of Birth, (Street and Number)	No 1211 Bonnigh St
5. Full Name of Mother,	Annie Schrimer
6. Mother's Maiden Name,	Annie Black
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Joseph Schrimer
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return,	Catherine Hornung
Address,	No 1217 Byrd St.
Remarks,	

693000374 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 51331

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	2nd
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	November 1st 1893
4. *Place of Birth, (Street and Number)*	506 North Gilmor St
5. *Full Name of Mother*	Zora Hunter
6. *Mother's Maiden Name*	Zora Pardoe
7. *Mother's Birthplace*	Queen Anne Co, Md
8. *Full Name of Father*	James T. Hunter
9. *Father's Occupation*	Lock keeper
10. *Father's Birthplace*	Kent Co Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda J. Norris, Md
Address	871 Harlem Ave
Remarks	

8930003742

Name of the Mother of such child or children.

RETURN OF A BIRTH. 51332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 2 1893
4. *Place of Birth, (Street and Number)*	57 Hanover St
5. *Full Name of Mother,*	Ella Gassel
6. *Mother's Maiden Name,*	Ellia Louise Conrad
7. *Mother's Birthplace,*	Conrad & Co
8. *Full Name of Father,*	Fletcher Gassel
9. *Father's Occupation*	B. & O.
10. *Father's Birthplace,*	Conrad & Co
Name of Medical Attendant, or other person who makes this Return,	Wm P. Ca-129
Address,	2132 Hall St
Remarks,	Carroll Co

1893 000 037 A 3

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 51333

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 2nd 93
4. Place of Birth, (Street and Number) 1422 Ulrick al.
5. Full Name of Mother, Bessie Benjaman.
6. Mother's Maiden Name, Bessie Gulkin.
7. Mother's Birthplace, Russia.
8. Full Name of Father, D. A. Gulkin.
9. Father's Occupation, Pedder.
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs. Y. Feldmeyn.

Address, 1013 E. Lombard St.

Remarks,

8930003744

Every person required by law to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. January 2nd 1893
4. Place of Birth, (Street and Number) 141 Boulton St
5. Full Name of Mother, Mary Dietrich
6. Mother's Maiden Name, Frank
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno Dietrich
9. Father's Occupation Labourer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. S. H. Schreiner M.D.

Address, 104 S. Eager St

Remarks, 1893000 3745

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

51335

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~October~~ 2nd November 1893
4. Place of Birth (Street and Number)	2325 North Ave near Bel Air Ave
5. Full Name of Mother	Rose Frederick
6. Mother's Maiden Name	Rose Byers
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	J. G. Frederick
9. Father's Occupation	Saddler, Factory Worker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Geo. F. Boise M.D.
Address	Gar Lemmelles
Remarks	Patient's Trial

RETURN OF A BIRTH

51336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Richardson

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (~~state whether male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2d Nov 1893
4. *Place of Birth, (Street and Number)* 233 W Lanvale St
5. *Full Name of Mother,* Mary Augusta Richardson
6. *Mother's Maiden Name,* Mary Augusta
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm R Richardson
9. *Father's Occupation,* Journalist
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Geo H Eyler

Address, Linden Ave & Williams St

Remarks,

8930003747

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 51337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Nov 2
4. *Place of Birth, (Street and Number)*	Balto. 1332 Calhoun st
5. *Full Name of Mother,*	Sarah G Ball
6. *Mother's Maiden Name,*	Sarah G Blake
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James L Ball
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Sangsal Va
Name of Medical Attendant, or other Person who makes this Return.	Mary Boysaw.
Address,	1327 Calhoun st
Remarks,	

8930003748

Duplicate birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. A 51338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 2 - 1893
4. *Place of Birth, (Street and Number)* 1006 E. Fayette St.
5. *Full Name of Mother,* Leah Cohen
6. *Mother's Maiden Name,* " Abram
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Charles Cohen
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Theodore Cohen M.D.

Address, 900 N. Charles St.

Remarks,

1893 0003749

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 51339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 2 1923
4. Place of Birth, (Street and Number) No. 613 Gabriel Ave
5. Full Name of Mother, Kate Melcanel
6. Mother's Maiden Name, Kate Stamp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Melcanel
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1893000037500

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 51340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 2 / 93
4. Place of Birth, (Street and Number)	672 Franklin St.
5. Full Name of Mother,	Annie A. Allen
6. Mother's Maiden Name,	Annie A. Heidler,
7. Mother's Birthplace,	York, Penn.
8. Full Name of Father,	James Henry Allen,
9. Father's Occupation,	Varnisher,
10. Father's Birthplace,	Washington, D. C.
Name of Medical Attendant, or other person who makes this Return,	Henry M. Bayley, M. D.
Address,	1531 Madison Ave.
Remarks,	1893000375 1

any such person or persons who shall hereafter fail to comply with the provisions of this section within the period above required, and jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

by J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 51341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.) .....

1. *Sex, (state whether ~~male~~ or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* Nov 2d
4. *Place of Birth, (Street and Number)* 1410 Penna Ave
5. *Full Name of Mother,* Mary K. Goldsborough
6. *Mother's Maiden Name,* " " Russell
7. *Mother's Birthplace,* St. Mary's Co Md
8. *Full Name of Father,* Chas C. Goldsborough
9. *Father's Occupation,* Laborman
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. John S. Stuck

Address, 647 N. Lafayette Ave.

Remarks, ...

1893 0003752

GEO. J. S. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 51342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* December
4. *Place of Birth, (Street and Number)* 347 Madison St Balto
5. *Full Name of Mother,* Gertrude
6. *Mother's Maiden Name,* Margaret
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andrew Cole
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Orchard St.

Remarks,

1893000 3753

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 10-15-59

RETURN OF A BIRTH

A 51343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Madelon Schloss

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 2 1943
4. Place of Birth, (Street and Number)	642 N. Franklin St.
5. Full Name of Mother,	Sophie Schloss
6. Mother's Maiden Name,	Schloss
7. Mother's Birthplace,	Balt.
8. Full Name of Father,	Lewis Schloss
9. Father's Occupation,	Clothier
10. Father's Birthplace,	Bavaria Germany
Name of Medical Attendant, or other person who makes this Return.	N. M. Wilson
Address,	1068 Mad. Ave
Remarks,	

1893000375 4

shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ... dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-6-58

RETURN OF A BIRTH A 51344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lawrence Elmer Eichelberger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) ~~white~~ Male
2. Race or color, (if not of the white race) white
3. Date of Birth, Nov 2-93
4. Place of Birth, (Street and Number) 312 E. Norris Al
5. Full Name of Mother, Martha J. B. Eichelberger
6. Mother's Maiden Name, Baldwin
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, Geo. C. Eichelberger
9. Father's Occupation, Painter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Schmeck M.D.

Address, 101 N. Fulton Ave

Remarks,

1893 0 0 0 3 7 5 5

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine ... dollars for each offence, to be recovered as other ... and forfeitures are recoverable.

BALLEY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 57345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 2 1893
4. Place of Birth, (Street and Number) 822 N. Calvert St.
5. Full Name of Mother, Julia Rossiter
6. Mother's Maiden Name, " Welsh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joel T. Rossiter
9. Father's Occupation, Clergyman
10. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return. John Morris M.D.

Address, 111 E. Franklin St.

Remarks,

1893 0003756

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 51346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th of December 1893
4. Place of Birth, (Street and Number) No 109 East Pratt
5. Full Name of Mother, Catherine Keenan
6. Mother's Maiden Name, Catherine Fitzgerald
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Patrick Keenan
9. Father's Occupation, Clerk, Colored
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. C. Dwyer

Address, No. 105 Oxford Cut

Remarks, Bal Md.

1893 0 0 3757

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 61347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 2th 1893.
4. Place of Birth, (Street and Number) N 7 Washington St
5. Full Name of Mother, Lizzie Miller
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Meaichel Meiller
9. Father's Occupation, Brickmayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Maury K Slater M.D.

Address, 705 N Washington Ave

Remarks, 18930003758

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13 th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nove 3rd 1893
4. Place of Birth, (Street and Number)	1801 N. Chester st
5. Full Name of Mother,	Carrie Turner
6. Mother's Maiden Name,	Carrie Sigman
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Franz Turner
9. Father's occupation	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Bruns
Address,	1600 N. Chester
Remarks,	Balto

893000003759

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Nov 3rd 1893
4. *Place of Birth, (Street and Number)* 26 Redman Court
5. *Full Name of Mother,* Lizzie Wilson
6. *Mother's Maiden Name,* Lizzie Robins
7. *Mother's Birthplace,* Essex County Va
8. *Full Name of Father,* John Wilson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Princess Anne County Va

Name of Medical Attendant, or other person who makes this Return Caroline Mac C

Address, 49 W West st Balto Md

Remarks, 8930003760

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51350

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	N. Fohe.
3. Date of Birth,	Nofeber. 3/93
4. Place of Birth, (Street and Number)	Patel Hr. Nº 1069.
5. Full Name of Mother,	Mary Pilachostia.
6. Mother's Maiden Name,	Medhe.
7. Mother's Birthplace,	Poland.
8. Full Name of Father,	Kazmierz Pizybyz.
9. Father's Occupation,	Poland
10. Father's Birthplace,	Poaland.
Name of Medical Attendant, or other person who makes this Return.	Agnes Hodolna.
Address,	Thames Hr. Nº 1635.
Remarks,	To Gux.

1893 003761

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. 1 C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c,) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Dec 3

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,*

9. *Father's Occupation* Hod Laborer

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, Living

1893000376 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A. 51352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Nov. 2d. 1893
4. *Place of Birth, (Street and Number)*	1020 Russell Terrace
5. *Full Name of Mother,*	Nettie W Monroe
6. *Mother's Maiden Name,*	Nettie West
7. *Mother's Birthplace,*	Essex Co Va
8. *Full Name of Father,*	Robert Monroe
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Essex Co Va
Name of Medical Attendant, or other person who makes this Return.	G. W. Slater, M.D.
Address,	1893 1634 W. Lafayette St
Remarks,	

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 51353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 3 / 1893

4. Place of Birth, (Street and Number) 1334 W. Lombard St

5. Full Name of Mother, Grace Bauer

6. Mother's Maiden Name, Spies

7. Mother's Birthplace, Bacto City

8. Full Name of Father, Conrad Bauer

9. Father's Occupation, Upholsterer

10. Father's Birthplace, Bacto City

Name of Medical Attendant, or other Person who makes this Return. Ignatius Dill MD

Address, 1334 W. Lombard St

Remarks, 893U003764

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A 51354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Nov. 3
4. Place of Birth, (Street and Number)	912 Eager st
5. Full Name of Mother,	E. L. Weatherstone
6. Mother's Maiden Name,	E. L. Seabode
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	L. J. Weatherstone
9. Father's Occupation	Molder.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	1893 0003765

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth, November 8th 1893
4. Place of Birth, (Street and Number) No. 212 N Gum St
5. Full Name of Mother, Albertina Klank
6. Mother's Maiden Name, " Nill
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Fred'k W Klank
9. Father's Occupation Silversmith
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, J. Ridgway Andréano

Address, 1123 E Balto St

Remarks, 1893000037766

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. No 51356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The Mother, or in her absence, the Father, or in the absence of both parents, the Householder in which the birth occurs, or the Physician, Midwife or Nurse in attendance, is required by the Commissioner of Health, in the manner and within the period above required, and under the penalties prescribed by the Ordinance, to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth. November 3/93
4. Place of Birth, (Street and Number) 1107 Creator St
5. Full Name of Mother, Mrs Margaret Clarke
6. Mother's Maiden Name, Cavanagh
7. Mother's Birthplace, Ireland
8. Full Name of Father, Wm Clarke
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Ann O'Connor

Address, 111 L Fawkes St

Remarks,

6 9 3 0 0 0 3 7 6 7

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 51357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd of November 1893

4. Place of Birth, (Street and Number) 1st st E. East of

5. Full Name of Mother, Sarah E. Bradley

6. Mother's Maiden Name, Sarah E. Mahon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Bradley

9. Father's Occupation Stock Keeper

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Jno. Ed. Lauer

Address, 1059 Light st

Remarks, Bal. Md.

1893/0003768

...; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Kind
1. Sex, (state whether male or female)	Mädchen
2. Race or Color, (if not of the white race)	Neger
3. Date of Birth,	3 Novemb
4. Place of Birth, (Street and Number)	Thames St. 1512
5. Full Name of Mother,	Pauline Grill
6. Mother's Maiden Name,	Wenty
7. Mother's Birthplace,	Prajzn
8. Full Name of Father,	Johan Grill
9. Father's Occupation	arbajter
10. Father's Birthplace,	Prajzn
Name of Medical Attendant, or other person who makes this Return,	Marie Pröll
Address,	L & Bowdoin 1389
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Ida Augusta

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, (Day of Year) Nov 6, 1893
4. Place of Birth, (Street and Number) Corner Wolfe and Canton Avenue
5. Full Name of Mother, Mary Giese
6. Mother's Maiden Name, Richard, Augusta F.
7. Mother's Birthplace, Germany (Germ.)
8. Full Name of Father, Richard Giese
9. Father's Occupation Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. F. Weis

Address, 2526 Lancaster St

Remarks, 1893000 3770

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51360

e of Registrar of Vital Statistics, Board of Health, Baltimore City.

ther, (state whether 1st, 2d, 3d, &c.) Forth child,
r male or female) Girl
f not of the white race) White
Born on the 3 day of November, 193
Street and Number) 1622 West Saratoga St
other, Mrs Alice Bell,
Name, Mrs. Alice Dale,
lace, Baltimore
ther, Mr, Edward E Bell,
tion, Machinest
lace, Baltimore,
l Attendant, or other person who makes this Return. Ruth E Graham,
of Nurse

8930003771

RETURN OF A BIRTH. 51361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 3rd 1893.
4. Place of Birth, (Street and Number) 412 N. Exeter st.
5. Full Name of Mother, Laura A. Sanft
6. Mother's Maiden Name, " " Loeffler
7. Mother's Birthplace, Washington, D. C.
8. Full Name of Father, Harry Sanft.
9. Father's Occupation, Cane maker
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

1893000 3772

Every person required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 3rd 1893
4. Place of Birth, (Street and Number)	# 606 Jefferson Ave Annex
5. Full Name of Mother,	Rose A. Hepburn
6. Mother's Maiden Name,	" " Meymes
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	John H. Hepburn
9. Father's Occupation	Lumber Inspector
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	B. U. Rankin M.D.
Address,	Waverly Station City
Remarks,	

1893000 3773

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 51363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 4th 1893

4. Place of Birth, (Street and Number) 1907 E. Biddle

5. Full Name of Mother, Alice Drury

6. Mother's Maiden Name, Rick

7. Mother's Birthplace, City

8. Full Name of Father, Alice K Drury

9. Father's Occupation, Paper Hanger

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return J. B. Schwatka M D

Address, 1003 N. Bway

Remarks,

8 9 3 0 0 0 3 7 7 4

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH. 51364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 4th 1893
4. Place of Birth, (Street and Number) 000 Vine St
5. Full Name of Mother, Maggie Francis
6. Mother's Maiden Name, Maggie Boyd
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Francis
9. Father's Occupation, Stevedore
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Jolivare

Address, 123 Park ave

Remarks, 18930003775

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 57365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 4
4. Place of Birth, (Street and Number) No 1518 E Jefferson St
5. Full Name of Mother, Elisabeth Roth
6. Mother's Maiden Name, Elisabeth Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ludwig Roth
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Elias

Address, No Elderry St. 1242

Remarks, 1481

8 9 3 0 0 0 3 7 7 6

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m.; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51366

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 4th 1893
4. Place of Birth (Street and Number)	15 Bel Air Ave
5. Full Name of Mother	Emma Frazier
6. Mother's Maiden Name	" Graden
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	John Frazier
9. Father's Occupation	Can Capper
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	W. D. Horse Md.
Address	Gardenville Balto. Co. Md.
Remarks	

1893 0003777

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. D. 51367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* fourth
4. *Place of Birth, (Street and Number)* Baltimore 916 Eager Street
5. *Full Name of Mother,* Mary Lester
6. *Mother's Maiden Name,* Mary O'Brien
7. *Mother's Birthplace,* Cumberland Md
8. *Full Name of Father,* Mychail Lester
9. *Father's Occupation* Boatman
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8930003778

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A 51368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 17
4. Place of Birth, (Street and Number)	207 E Preaches
5. Full Name of Mother,	Mary Williams
6. Mother's Maiden Name,	Mc Cormick
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thomas Williams
9. Father's Occupation	Laborer
Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return,	Dr. Mitchell
Address,	403 E Lanvale St.
Remarks,	

8 9 3 0 0 0 3 7 7 9

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 51369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d / 93
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 4th / 93
4. Place of Birth, (Street and Number)	508 Robert
5. Full Name of Mother,	Lida Boose
6. Mother's Maiden Name,	Lida Richards
7. Mother's Birthplace,	Westminster Carroll Co Md
8. Full Name of Father,	William Boose
9. Father's Occupation,	Carpenter
[redacted] Father's Birthplace,	Carroll Co Md
Name of Medical Attendant, or other person who makes this Return.	Ed W. Ennis MD
Address,	1501 Pratt
Remarks,	

8930003780

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 4th 1893
4. Place of Birth, (Street and Number)	1910 Fulton Ave. Annex
5. Full Name of Mother,	Eva R. Hodgkins
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Harford Co Md
8. Full Name of Father,	H. Duvall Hodgkins
9. Father's Occupation	Clerk
Father's Birthplace,	Pennsylvania
Name of Medical Attendant, or other person who makes this Return,	B. G. Hanson MD
Address,	Waverly Station City
Remarks,	

1893 0003781

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 4th 1893
4. Place of Birth, (Street and Number)	#1605 Ensor St.
5. Full Name of Mother,	Catherine Spence Kistler
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph A. Spence
9. Father's Occupation	Butcher
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	R. G. Hanson M.D.
Address,	Waverly Station City
Remarks,	

1893 0003782

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 the

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 4 of November

4. *Place of Birth, (Street and Number)* 708 Rose St.

5. *Full Name of Mother,* Roberta Johns

6. *Mother's Maiden Name,* Armstrong

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Johns

9. *Father's Occupation* Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E Weis

Address, 2012 Lancaster St.

Remarks,

1893 0 0 0 3 7 8 3

Every person required by this section to make a return, as the nearest one within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Kinder

1. Sex, (state whether male or female) Kit

2. Race or Color, (if not of the white race) Negr

3. Date of Birth, 4 November

4. Place of Birth, (Street and Number) Harlem st. 1507

5. Full Name of Mother, Marie Pěchocky

6. Mother's Maiden Name, Glos

7. Mother's Birthplace, Čas

8. Full Name of Father, Bartolomej Pěchocky

9. Father's Occupation arbejdr

10. Father's Birthplace, Čas

Name of Medical Attendant, or other person who makes this Return

Address, Marie Pech

Remarks, 4 Bond 878 8 4

... J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51374

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 November
4. Place of Birth, (Street and Number) 1625 Thames st
5. Full Name of Mother, Anna Seibert
6. Mother's Maiden Name, Anna Mayer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Seibert
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Schmeyer

Address, 409 South Bond st

Remarks, 8930003785

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 1893

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 5th 1893
4. Place of Birth, (Street and Number) 1227 Jefferson st
5. Full Name of Mother, Ida M. Morgan
6. Mother's Maiden Name, Roberts
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Jas. A. Morgan
9. Father's Occupation, Porter
10. Father's Birthplace, Chestertown Md.
11. Name of Medical Attendant, or other person who makes this Return, Francis A. Soper M.D.
12. Address, 439 N. Central Ave.
13. Remarks, 893000037866

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 5th 1893
4. Place of Birth, (Street and Number) Bond St. 733
5. Full Name of Mother, Verna Ulrich
6. Mother's Maiden Name, " Francavilla
7. Mother's Birthplace, Poland
8. Full Name of Father, George Ulrich
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Knotts

Address, 662 S. Bond

Remarks, 8.9300037-87

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Drew

RETURN OF A BIRTH. A 51377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* [illegible]

3. *Date of Birth,* 5th May - 1893

4. *Place of Birth, (Street and Number)* 631 Eastern Ave

5. *Full Name of Mother,* Margaret (Daly) Daily

6. *Mother's Maiden Name,* Margaret Daly

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Patrick (Daly) Daily

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Patrick Daily

Address, No. 516 High St.

Remarks, Full name of child - Patrick Joseph Daily

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 51378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, November 5th
5. Place of Birth, (Street and Number) 111 N. Presbt. st.
6. Full Name of Mother, Rosa Saye
7. Mother's Maiden Name, Rabinowitz
8. Mother's Birthplace, Latvia
9. Full Name of Father, Selaman
10. Father's Occupation Resin Picture frame
11. Father's Birthplace, Russia
12. Name of Medical Attendant, or other person who makes this Return, Otto C. Carvianskye 112 E. Lombard
13. Address, St.
14. Remarks, 1893 0003789

Every person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Hulany Co., City Printers and Stationers

RETURN OF A BIRTH. A. 51379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11-th

1. Sex, (state whether male or female) White Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 5th

4. Place of Birth, (Street and Number) 503 South Hugh st

5. Full Name of Mother, Ester Steinberg

6. Mother's Maiden Name, Ester Rochol

7. Mother's Birthplace, Bardakovith

8. Full Name of Father, Sexslunderg

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Bardilch

Name of Medical Attendant, or other person who makes this Return,

Address, Uncle Klawiansky

Remarks, 1224 E Lombard st

1893000 3790

...C. Dulany Co., City Printers and Stationers

...persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A 51380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 5th/93
4. Place of Birth, (Street and Number)	514 Baker
5. Full Name of Mother,	~~B. B. Long~~ Annie Long
6. Mother's Maiden Name,	Annie Lewis
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Benj B. Long
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo W. Sims M.D
Address,	1501 Preston and
Remarks,	6930003791

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 51381

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 5 - 1893
4. Place of Birth, (Street and Number) 220 E. Fayette st.
5. Full Name of Mother, Anna Bezold
6. Mother's Maiden Name, " Klein
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Bezold
9. Father's Occupation, Restaurant
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other person who makes this Return. P. G. Dauschwd
12. Address, 1729 E. Balto. st.
13. Remarks, 8930003792

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

● . *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7 Kind

1. *Sex, (state whether male or female)* Knabe

2. *Race or Color, (if not of the white race)* Weiß

3. *Date of Birth,* 5 November

4. *Place of Birth, (Street and Number)* Thames St. 1641

5. *Full Name of Mother,* Pamela Thiel

6. *Mother's Maiden Name,* Lubelova

7. *Mother's Birthplace,* Böhmen

8. *Full Name of Father,* Paul Thiel

9. *Father's Occupation* Küfermann

● *Father's Birthplace,* Dänemark

Name of Medical Attendant, or other person who makes this Return

Address, Marie Preetz

Remarks, 1 E. Pratt St. 8383

. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	6. November
4. Place of Birth, (Street and Number)	63 536 West St.
5. Full Name of Mother,	Marie Rosenbaum
6. Mother's Maiden Name,	Marie Pensel
7. Mother's Birthplace,	Hersbruk, Bavaria
8. Full Name of Father,	Otto Rosenbaum
9. Father's Occupation,	Silversmith
10. Father's Birthplace,	Linz Austria
Name of Medical Attendant, or other person who makes this Return,	Wm Bangt
Address,	711 Cross
Remarks,	

8930003794

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 57384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sixth of November

4. Place of Birth, (Street and Number) Calvert St. No 221

5. Full Name of Mother, Hannie Kuemmel

6. Mother's Maiden Name, Hannie Knoch

7. Mother's Birthplace, Germany

8. Full Name of Father, Fernand Kuemmel

9. Father's Occupation, Hotel

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Range

Address, [illegible]

Remarks, 1893000379 5

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 6th 1893
4. *Place of Birth, (Street and Number)* No 15 Young St
5. *Full Name of Mother,* Babette Lehmann
6. *Mother's Maiden Name,* Babette Hedrich
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Hedrich Lehmann
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks, 8930003796

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

N. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 6 93
4. Place of Birth, (Street and Number) 820 Canton St
5. Full Name of Mother, Fanny Lyons
6. Mother's Maiden Name, Fanny Murphy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Lyons
9. Father's Occupation, Rigger
10. Father's Birthplace, Ireland
Name of Medical Attendant, or other person who makes this Return, Mary E. Perry.
Address, 1903 Gough St
Remarks, 5930003797

Notice to the Registrar of Births. For each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 57387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of child' Lawrence ~~Henry Baker~~
2. No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d
3. Sex, (state whether male or female) Male
4. Race or Color, (if not of the white race) White
5. Date of Birth, Nov 6th
6. Place of Birth, (Street and Number) 316 Sharp St
7. Full Name of Mother, Elizabet Baker
8. Mother's Maiden Name, Elizabet Muller
9. Mother's Birthplace, Baltemor
10. Full Name of Father, William Baker
11. Father's Occupation, Confectioner
12. Father's Birthplace, Germany
13. Name of Medical Attendant, or other person who makes this Return, Wellington Oliver
14. Address, 611 S. Paca St
15. Remarks, 6930003798

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57388

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Nov. 6, 1893
4. Place of Birth, (Street and Number)	229. N. Durham St.
5. Full Name of Mother,	Maggie Brown
6. Mother's Maiden Name,	[illegible] Sidney
7. Mother's Birthplace,	Norfolk Virginia
8. Full Name of Father,	George Brown
9. Father's Occupation	Labor.
10. Father's Birthplace,	Anne Arundel County
Name of Medical Attendant, or other person who makes this Return,	Susan Rogers
Address,	# 123. N. Durham St
Remarks,	8930003799

Refer to the line of item 1, 2, 3, &c., for each answer. To be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	November 6th 1893
4. Place of Birth, (Street and Number)	111 Park Street
5. Full Name of Mother,	Leanna Harris
6. Mother's Maiden Name,	Leanna Eads
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Leanna Harris
9. Father's Occupation	Laborer
[redacted] Father's Birthplace,	Cambridge Md
Name of Medical Attendant, or other person who makes this Return,	Charlotte Williams
Address,	710 Lombard Street
Remarks,	8 9 3 0 0 0 3 0 0 0

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 7. 1893
4. Place of Birth, (Street and Number) 123. N. Chapel St
5. Full Name of Mother, Lollie Ellen King
6. Mother's Maiden Name, Primrose.
7. Mother's Birthplace, William Shaw
8. Full Name of Father, Baltimore
9. Father's Occupation, Laundress. [illegible]
10. Father's Birthplace, Susan Hagan
11. Name of Medical Attendant, or other person who makes this Return #123. N. Durham St.
12. Address,
13. Remarks,

5930003801

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 children

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 7 th

4. Place of Birth, (Street and Number) 413 Little Monument Street

5. Full Name of Mother, Harriet Collins

6. Mother's Maiden Name, Harriet Young

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Nathan Collins

9. Father's Occupation Laborer

10. Father's Birthplace, West River

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 401 Lewis Street

Remarks, Nurse well

1893 0003802

Jected to the Section 11 dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex*, (state whether male or female) Female Birtha Erck
2. *Race or Color*, (if not of the white race)
3. *Date of Birth*, April 7th 1923
4. *Place of Birth*, (Street and Number) 1627 Ashland ave
5. *Full Name of Mother*, Gertrude Erck
6. *Mother's Maiden Name*, Dashiell
7. *Mother's Birthplace*,
8. *Full Name of Father*, Henry Erck
9. *Father's Occupation*, Chauffeur
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return, Mrs L Gans

Address No. 1907 E Monument St

Remarks, Full name of child added by father when obtaining a transcript May 1936 1 8 9 3 0 0 2 0 3 8 0 3 Henry Erck Father

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	December 7 12
4. Place of Birth, (Street and Number)	831 Robert St
5. Full Name of Mother,	Peggie Cooper
6. Mother's Maiden Name,	Peggie Hawkins
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jesse Cooper
9. Father's Occupation	Laborer
10. Father's Birthplace,	Anne Arundel County
Name of Medical Attendant, or other person who makes this Return	Charlotte Williams
Address,	910 Lexington Street
Remarks,	1 6 9 3 0 0 0 3 6 0 4

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 1st 1893
4. Place of Birth, (Street and Number) 820 N. Mount St.
5. Full Name of Mother, Mary Kuehle
6. Mother's Maiden Name, nee Meyer
7. Mother's Birthplace, Germany
8. Full Name of Father, Emile Kuehle
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm Gambrill M.D.

Address, 128 W. Lee St.

Remarks, 1893000038 05

GUILDAY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. A 51395

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. November 7th 92
4. Place of Birth, (Street and Number) 31 harrison, st.
5. Full Name of Mother, S. Plotzka.
6. Mother's Maiden Name. S. Zaydman.
7. Mother's Birthplace. Russia
8. Full Name of Father, D. Plotzka.
9. Father's Occupation. Tailor.
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Yetta Feldman.

Address. 1013 E. Lombard. St.

Remarks,

1 6 9 3 0 0 0 3 8 0 6

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A 51396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 7th 1893
4. Place of Birth, (Street and Number) No. 1020 E. Fort
5. Full Name of Mother, Anna Johnston
6. Mother's Maiden Name, Anna Olson
7. Mother's Birthplace, Sweden
8. Full Name of Father, Jno. F. Johnston
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Mariah Wright M.D.

Remarks, No. 1015 E. Wolf St.

1893 0003807

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 7 93.
4. Place of Birth, (Street and Number) 1023 E. Madison St.
5. Full Name of Mother, Kate A. Will
6. Mother's Maiden Name, Kate Haberkam
7. Mother's Birthplace, U. S.
8. Full Name of Father, Geo A. Will
9. Father's Occupation Machine Hand
10. Father's Birthplace, U. S.

Name of Medical Attendant, or other person who makes this Return, Henry F. Cassidy M. D.

Address, 702 E Greenmount Ave.

Remarks, This Child was dead at birth. Being a Breech Case; the Cord pulsated when first seen by M.A.C.

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-1-54

RETURN OF A BIRTH 51398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Frederick Helker

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, Nov. 7. 1893
5. Place of Birth, (Street and Number) 606 Clinton Ave.
6. Full Name of Mother, Helen Helker
7. Mother's Maiden Name, " Stern
8. Mother's Birthplace, Balto.
9. Full Name of Father, Harry Helker
10. Father's Occupation, Stenographer.
11. Father's Birthplace, Balto.
12. Name of Medical Attendant, or other Person who makes this Return. Dr. L. Buddentohn
13. Address, 418 S. Paca St.
14. Remarks,

For each address to be registered as other lines and for returns are receivable.

1893 0 0 0 3 8 0 9

..., City Printers and Stationers.

RETURN OF A BIRTH. 51399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Forth
1. *Sex, (state whether male or female)*	boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7 Nov
4. *Place of Birth, (Street and Number)*	1114 Carroll St Baltimore Md,
5. *Full Name of Mother,*	Carrie G. Schlueter
6. *Mother's Maiden Name,*	Miller
7. *Mother's Birthplace,*	Newark New Jersey
8. *Full Name of Father,*	Gustave A Schlueter
9. *Father's Occupation*	Manger
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Bauer
Address,	911 Cross
Remarks,	

1893000038 10

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 57400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 te

1. Sex, (state whether male or female) Bube
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 th November 1893
4. Place of Birth, (Street and Number) Leit 9 te de 1718
5. Full Name of Mother, Katharina Krill
6. Mother's Maiden Name, Felty
7. Mother's Birthplace, Germanien
8. Full Name of Father, Woldemar Krill
9. Father's Occupation Wall Mann
10. Father's Birthplace, Germanien

Name of Medical Attendant, or other person who makes this Return

Address, Carolina Schwarz Fort Eby No 343

Remarks, 6930003811

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov. 8th 1893

4. Place of Birth, (Street and Number) 323 N Paca St

5. Full Name of Mother, Victoria Dixon

6. Mother's Maiden Name, Victoria Purnell

7. Mother's Birthplace, Snowhill. Md

8. Full Name of Father, George Dixon

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Bordus Drew M.D

Address, 409 2d Southwood Ave

Remarks, 893000038 12

J. C. BULLEY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 5 1893
4. *Place of Birth, (Street and Number)*	58 Scott st
5. *Full Name of Mother,*	Margie A. Ford
6. *Mother's Maiden Name,*	Margie A Riall
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William C. Ford Jr
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Wm Bauer
Address,	711 Cross st
Remarks,	

B 930003813

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, Nov. 8 1913

4. Place of Birth, (Street and Number) 1508 Bank St.

5. Full Name of Mother, Rebecca Butler

6. Mother's Maiden Name, " Hall

7. Mother's Birthplace, St. Mary's Co. Md

8. Full Name of Father, Robt. Butler

9. Father's Occupation Boss driver

10. Father's Birthplace, St. Mary's Co. Md

Name of Medical Attendant, or other person who makes this Return R. W. Mansfield M.D.

Address, 129 S. Broadway

Remarks, 6 9 3 0 0 0 3 8 1 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

●. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Kind
1. Sex, (state whether male or female)	Mädchen
2. Race or Color, (if not of the white race)	Kaj
3. Date of Birth,	8 November
4. Place of Birth, (Street and Number)	2 Bo. Str. 912
5. Full Name of Mother,	Emma Mecky
6. Mother's Maiden Name,	Frautner
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Fred Mecky Sohn
9. Father's Occupation	Tagelohn
● Father's Birthplace,	Poland
Name of Medical Attendant, or other person who makes this Return	Mary Pohl
Address,	2 Bo. Str. 935
Remarks,	18 9 3 0 8 3 8 1 5

m. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED, 2-21-56

51405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mabel Harris Crawford

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 8 12 1893

4. Place of Birth, (Street and Number) 1525 N Monta st Balto Md.

5. Full Name of Mother, Ehzekll Crawfad

6. Mother's Maiden Name, Harris

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, John Chas Crawfad

9. Father's Occupation Patrolman of North western Dist

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 231 Appleton St

Remarks, 8930003816

...ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 8th 93.
4. Place of Birth, (Street and Number) 869 N. Fayette St
5. Full Name of Mother, Sarah Ehrlich
6. Mother's Maiden Name, Sarah Lowenberg
7. Mother's Birthplace, New York City N.Y.
8. Full Name of Father, Leopold Ehrlich
9. Father's Occupation, Floor walker
Father's Birthplace, Savannah Ga.
Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle. M.D.
Address, 1203 W. Fayette St
Remarks.

B 9 3 0 0 0 3 8 1 7

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

m J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	March 8th 1893.
4. Place of Birth, (Street and Number)	645 Pine St
5. Full Name of Mother,	Hester A Parker.
6. Mother's Maiden Name,	Hester A Parker
7. Mother's Birthplace,	Easton Maryland
8. Full Name of Father,	William Thomas.
9. Father's Occupation	Button Hole Maker
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	W B Hawkins M.D
Address,	Green & Mulberry.
Remarks,	18930003318

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section within the period above required, and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* November 8th. 1893.

4. *Place of Birth, (Street and Number)* 800 S. Broadway

5. *Full Name of Mother,* Mary Strider

6. *Mother's Maiden Name,* Breidiser

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Joseph Strider

9. *Father's Occupation,* Laborer

Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Dr. John Vassalli

Address, 316 S Bond St.

Remarks,

1893000381 9

GEO. J. C. ELLIOTT CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51409

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 November 1899
4. Place of Birth, (Street and Number) Hubert st Baltimore Md
5. Full Name of Mother, Sallie Goldstraw
6. Mother's Maiden Name, Sallie Seymour
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Thomas Goldstraw
9. Father's Occupation, potter moor
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Cornelius Allen

Address, 1907 Nicholson st Balto. Md

Remarks, 8930003820

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 5/410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 11 9
4. Place of Birth, (Street and Number) Hamburg st 118
5. Full Name of Mother, Lizzy White
6. Mother's Maiden Name, Lizzy Lawrence
7. Mother's Birthplace, Mother dead
8. Full Name of Father, James White
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return, Dr Paul Jones Wilson
12. Address, No 1134 west Henry st
13. Remarks, full 9 months

1893000382 1

...; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 9 1893
4. Place of Birth, (Street and Number)	448 Johnson St
5. Full Name of Mother,	Bessie Roberts
6. Mother's Maiden Name,	Bessie Filippo
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joe Roberts
9. Father's Occupation	Ship Carpenter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return	Dr R Lashay
Address,	2136 E North Ave
Remarks,	8 9 3 0 0 Hosp 29 Pall C

SEC. such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 5/412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	Colored
3. Date of Birth,	December 9th
4. Place of Birth, (Street and Number)	~~No~~ 817 Stockholm St
5. Full Name of Mother,	Mary Emily Otho
6. Mother's Maiden Name,	Mary Emily Watkins
7. Mother's Birthplace,	Cambridge Md
8. Full Name of Father,	Daniel Edward Watkins
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return	E. A. ~~Dobis~~ Harris
Address,	816 Stockholm St
Remarks,	8930003823

they each forfeit the sum of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable
jected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 5/4/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th /93
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 9th /93
4. Place of Birth, (Street and Number)	1502 N. Gay St
5. Full Name of Mother,	Mamie R Lug
6. Mother's Maiden Name,	Mamie Hulbert
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Edward R Lug
9. Father's Occupation	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Burns.
Address,	16 N. Of Chester St
Remarks,	Balto

1 8 9 3 0 0 0 3 8 2 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51414

GIVEN NAME ADDED. 1-21-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward M. Kavanagh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 9 1893
4. Place of Birth, (Street and Number) 1617 Bank st.
5. Full Name of Mother, Johanna Cecilia Kavanagh
6. Mother's Maiden Name, " " Long
7. Mother's Birthplace, City
8. Full Name of Father, Joseph Anthony Kavanagh
9. Father's Occupation, Tea dealer
10. Father's Birthplace, City
11. Name of Medical Attendant, or other person who makes this Return, P. E. Dausch
12. Address, 1729 E. Baltimore st.
13. Remarks, 1893 00038 25

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57413

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) —
4. Date of Birth, Nov. 2. 1893
5. Place of Birth, (Street and Number) 306 N. Broadway
6. Full Name of Mother, Mrs. Alice Virginia German Askew
7. Mother's Maiden Name, Miss Alice Virginia German
8. Mother's Birthplace, Baltimore Md.
9. Full Name of Father, George Benjamin McClellan Askew
10. Father's Occupation, Engineer P. W. B. R. R
11. Father's Birthplace, Baltimore Md.
12. Name of Medical Attendant, or other person who makes this Return, G. G. Dent M. D.
13. Address, 2000 E. Baltimore St.
14. Remarks, Natural Delivery

1893000382

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 9th
4. Place of Birth, (Street and Number) 515 N. Lafayette Ave
5. Full Name of Mother, Josephine Connolly
6. Mother's Maiden Name, " " McKenna
7. Mother's Birthplace, Balto City
8. Full Name of Father, James E. Connolly
9. Father's Occupation, Asher
- Father's Birthplace, Balto City
- Name of Medical Attendant, or other person who makes this Return, John S. Huck
- Address, 647 N Lafayette Ave
- Remarks,

1892 00053827

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GUARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 51417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. Sex, (State whether male or female)	Male
2. Race or color, (if not of the white race)	W.
3. Date of Birth.	Nov. 9. 1893.
4. Place of Birth, (Street and Number)	909 W. Carrollton Ave
5. Full Name of Mother,	Thera A. Dawson,
6. Mother's Maiden Name,	Heinichen,
7. Mother's Birthplace,	Fredericksburg, Va.
8. Full Name of Father,	Thomas W. Dawson,
9. Father's Occupation,	Commission Merchant,
10. Father's Birthplace,	Orangeburg, S. C.
Name of Medical Attendant, or other person who makes this Return.	E. E. Engle M.D.
Address,	1007 W. Lanvale
Remarks.	1893000038 28

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th "

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 9th 93
4. Place of Birth, (Street and Number) 323 N Paca st
5. Full Name of Mother, Mary Kraft.
6. Mother's Maiden Name, Mary Heibeck
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Chas Kraft.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Bertus Drew MD

Address, 409 N Eutaw St

Remarks, 1893000038 29

Any midwife, physician or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GEO. J. O. MULLADY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 51419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Mulatto
3. *Date of Birth,* Aug 9 1893
4. *Place of Birth (Street and Number),* 514 Bond Alley
5. *Full Name of Mother,* Susan Bowey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Jack Bowey
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. E. K. Butler M.D.

Address, 514 Bond Alley

Remarks,

1893 0003830

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

bli-hing Co., City Printers and Stationers.

RETURN OF A BIRTH. 51420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 9th 1912
4. Place of Birth, (Street and Number) Home 7132
5. Full Name of Mother, Teresa Kawelzki
6. Mother's Maiden Name, Dragan
7. Mother's Birthplace, Poland
8. Full Name of Father, George Kawelzki
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland
11. Name of Medical Attendant, or other person who makes this Return, Mary Kawelzka
12. Address, 602 S. Bond St.
13. Remarks, 8 9 3 8 0 0 3 8 3 1

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, November 9th 1893
4. Place of Birth, (Street and Number) 820 Eastwood Avenue
5. Full Name of Mother, Clarissa Pearce
6. Mother's Maiden Name, " Miller
7. Mother's Birthplace, Balto City
8. Full Name of Father, James Crawford Pearce
9. Father's Occupation Shipwright
10. Father's Birthplace, Balto City
11. Name of Medical Attendant, or other person who makes this Return, J Ridgway André MD
    Address, 1123 E Baltimore
    Remarks, 1893000033832

~~Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.~~

... C. Dulany Co., City Printers and Stationers

CERTIFICATE CORRECTED 6-4-57

RETURN OF A BIRTH. 51422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Anna Nolker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 te

1. Sex, (state whether male or female) Mitchen

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th November 1893

4. Place of Birth, (Street and Number) Fort St No 418

5. Full Name of Mother, ~~Otori Nolker~~ Mary Anna Nolker

6. Mother's Maiden Name, ~~Spickert~~ Spickert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, ~~Isaac Nolker~~ Nolker

9. Father's Occupation Wool Mason

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return

Address, Caroline Conway Fort & by No 434

Remarks, 1893 00033833

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 10th 1893

4. Place of Birth, (Street and Number) 1239 Bayard St

5. Full Name of Mother, Lydia Ann Parks

6. Mother's Maiden Name, Lydia Ann Wilson

7. Mother's Birthplace, Maryland. Baltimore.

8. Full Name of Father, James Lewis Parks

9. Father's Occupation, Teamster

10. Father's Birthplace, Allegany

Name of Medical Attendant, or other person who makes this Return. Susan Waters

Address, 1210 Bayard St Baltimore Md.

Remarks, 1893 0003834

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 16 1893
4. Place of Birth, (Street and Number)	24 James Alley
5. Full Name of Mother,	Beanie Behrnes
6. Mother's Maiden Name,	Beanie Bowers
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Behrnes
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr P Caskey
Address,	213 E Hath St
Remarks,	~~24~~ 23 Ward

1893000383 5

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8 9 3 0 0 0 3 8 3 6

of Mother, (state whether 1st, 2d, 3d, &c.)	1st
e whether male or female)	Male
Color, (if not of the white race)	White
of Birth.	Nov 16 93
of Birth, (Street and Number)	820 Druid Hill Ave
Name of Mother.	Minnie Frey
her's Maiden Name.	Freudenberg
her's Birthplace.	Md
ll Name of Father.	Edward Frey
ther's Occupation	Cabinet Maker
ther's Birthplace.	Md
me of Medical Attendant, or other person who makes this Return.	Dr L Fetterhoff
ddress.	707 N Eutaw St
emarks.	

Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1893 003836

of Mother, (state whether 1st, 2d, 3d, &c.) 1st

e whether male or female) Male

Color, (if not of the white race) White

of Birth. Nov 16 93

of Birth, (Street and Number) 820 Penna ave

Name of Mother, Hannie Gray

her's Maiden Name. Friedberg

her's Birthplace, Md

ll Name of Father, Edward Gray

ther's Occupation Cooper

ther's Birthplace, Md

me of Medical Attendant, or other person who makes this Return, Dr L Fetterhoff

ddress, 707 N Eutaw St

emarks,

1893-003836

Co., City Printers and Stationers.

RETURN OF A BIRTH. 51425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
	Sex, (state whether male or female)	Female
2.	*Race or Color, (if not of the white race)*	White Race.
3.	*Date of Birth,*	Nov 12/93
4.	*Place of Birth, (Street and Number)*	No 2046 Hanover St.
5.	*Full Name of Mother,*	Maggie Higgins
6.	*Mother's Maiden Name,*	" Hamburger.
7.	*Mother's Birthplace,*	Balto Md.
8.	*Full Name of Father,*	Michael Higgins
9.	*Father's Occupation,*	Laborer.
10.	*Father's Birthplace,*	Balto Md.
	Name of Medical Attendant, or other person who makes this Return,	Jennie Jenns.
	Address,	No 1603 S Charles.
	Remarks,	Yours Respectfully,

8930003637

SAM. J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Nov. 10/93
4. Place of Birth, (Street and Number)	No 1605 Light St.
5. Full Name of Mother,	Julia Painter
6. Mother's Maiden Name,	" Dent.
7. Mother's Birthplace,	Balto Md.
8. Full Name of Father,	William Painter
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return,	Mrs. Jarmy
Address,	No 1603 S. Charles St.
Remarks,	Yours Respectfully,

1893000383 5

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51427

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	Nov. 16th
4. *Place of Birth (Street and Number)*	706 S. Madeira St
5. *Full Name of Mother*	Elizabeth Carrigan
6. *Mother's Maiden Name*	Elizabeth Thelen
7. *Mother's Birthplace*	Oneville, Ohio
8. *Full Name of Father*	George Carrigan
9. *Father's Occupation*	Labour
Father's Birthplace	Columbiana Co. O.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Thelen
Address	706 S. Madeira St.
Remarks	Doing well

6 9 3 0 0 0 3 8 3 9

RETURN OF A BIRTH. 57428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 10th 1893
4. *Place of Birth, (Street and Number)* 504 Cross alley
5. *Full Name of Mother,* Maria Gray
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John Gray
9. *Father's Occupation* Laborer

● *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, H. K. Gorsuch

Address, 411 N. Green st

Remarks,

1893 0003840

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 37429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 10th 93.
4. Place of Birth, (Street and Number)	1130 N. Carey
5. Full Name of Mother,	Mary S. Edwards
6. Mother's Maiden Name,	McCaffrey
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Americus Edwards
9. Father's Occupation	Clerk
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return,	Thomas Otis M.D.
Address,	219 W Monument St.
Remarks,	1893000 3841

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 5/430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 10, 1893
4. Place of Birth, (Street and Number)	68 S. Carrollton Ave
5. Full Name of Mother,	Lena L. M. Dittman
6. Mother's Maiden Name,	Lena A. M. Fleteng
7. Mother's Birthplace,	Baltimore, Md.
8. Full Name of Father,	Wm. Dittman,
9. Father's Occupation,	Baker -
10. Father's Birthplace,	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return,	Joseph B. Saunders
Address,	1501 W. Baltimore
Remarks,	L. B. # 893000384 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. G. BLAKE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 10th 1893

4. Place of Birth, (Street and Number) Lancaster St. 1612

5. Full Name of Mother, Anna Kulz

6. Mother's Maiden Name, Anna Boduz

7. Mother's Birthplace, Poland

8. Full Name of Father, John Kulz

9. Father's Occupation Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Henry Kwapka

Address, 602 S. Bond.

Remarks, 1893000038 43

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51432

GIVEN NAME ADDED 11-18-54

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

Name: Marion ~~Celia~~ Jacobs

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Fourth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 10th 1893
4. Place of Birth, (Street and Number)	634 Mosher St
5. Full Name of Mother,	Julia Josephine Jacobs
6. Mother's Maiden Name,	" " Millower
7. Mother's Birthplace,	Centre County Pa
8. Full Name of Father,	Jacob Jacobs
9. Father's Occupation	Cap Jobber
10. Father's Birthplace,	Baravia Germany
Name of Medical Attendant, or other person who makes this Return,	J. S. Hummer
Address,	212 W. Franklin St
Remarks,	1893 0003844

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Fem.
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, 7 November 10
4. Place of Birth, (Street and Number) 2 E. Baltimore St.
5. Full Name of Mother, Rosa Weigner
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wilhem Lorenz Weider
9. Father's Occupation Waiter
10. Father's Birthplace, Maryland
11. Name of Medical Attendant, or other person who makes this Return Marie Orth
12. Address, 2 E. Baltimore St.
13. Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore, December 11
4. Place of Birth, (Street and Number) 1142 Scott street.
5. Full Name of Mother, Maggie Estella Harvey
6. Mother's Maiden Name, " " Everitt
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Cornelius Harvey.
9. Father's Occupation, Compositor.
10. Father's Birthplace, Washington, D. C.

Name of Medical Attendant, or other person who makes this Return, Miss Long

Address, 711 Cross

Remarks,

1893 0003846

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 51435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First One
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Nov 11 1893
4. Place of Birth (Street and Number),	1833 Light St
5. Full Name of Mother,	Emma Bailey
6. Mother's Maiden Name,	Emma Drake
7. Mother's Birthplace,	Seaford Del
8. Full Name of Father,	Maynor L. Bailey
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Ed Donaldson
Address,	1811 Bolton place
Remarks,	Mother aged eight days Nov 19

8 9 3 0 0 0 3 8 4 7

the Commissioners of Health, to the Justices thereof, to the Coroners, and to the Constables of the several Districts of Baltimore City, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

51436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male — Laurence E. Strauss
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Mar 11/93
4. Place of Birth, (Street and Number)	No 708 Fort Ave.
5. Full Name of Mother,	May Strauss
6. Mother's Maiden Name,	" Taylor.
7. Mother's Birthplace,	Palls Md.
8. Full Name of Father,	Charles Strauss
9. Father's Occupation,	Labor.
10. Father's Birthplace,	Belle Md.
Name of Medical Attendant, or other person who makes this Return,	Minnie Jeans
Address,	No 1603 S. Charles St
Remarks,	Yours Respectfully

Full given name added by Asst upon affidavit of Aunt & Godmother

Rose Downey
Aunt

her + mark

J. E. Helm - Deputy Clerk
April 2 - 1930

with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

ANY SUCH PERSON OR PERSONS WHO SHALL HEREAFTER FAIL TO COMPLY WITH THE

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51437

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 11/93.
4. Place of Birth, (Street and Number)	S. Bond St. No 709
5. Full Name of Mother,	Palina Strzyńska.
6. Mother's Maiden Name.	Medhen.
7. Mother's Birthplace,	Poland.
8. Full Name of Father,	Stanislaus Torvalestii
9. Father's Occupation,	Poland.
10. Father's Birthplace,	Dorland.
Name of Medical Attendant, or other person who makes this Return.	Agnes Hodolna.
Address,	Thames St: No 1635
Remarks,	Sept.

1893 0 0 0 3849

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Lillian Elizabeth Black. 1st child.
1. Sex, (state whether male or female)	female.
2. Race or Color, (if not of the white race)	negro.
3. Date of Birth,	Nov. 11th 1893.
4. Place of Birth, (Street and Number)	2244 Clifton Ave.
5. Full Name of Mother,	Elizabeth Barbara Black.
6. Mother's Maiden Name,	Elizabeth Barbara Ballet.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	John Joseph Black.
9. Father's Occupation,	Laborer.
Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mrs. M. Taylor.
Address,	1615 Patterson Pk Ave.
Remarks,	5-12-54 1893 0000 38 5 Pm.

any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

John J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51439

...ice of Registrar of Vital Statistics, Board of Health, Baltimore City.

...other, (state whether 1st, 2d, 3d, &c.) First

...ether male or female) Male

..., (if not of the white race) White

...h, November 11th, 1893—

..., (Street and Number) 2321 Eastern avenue

Mother, Theda J. Potter,

...den Name, Theda J. Hiddlen.

...hplace, Balto. Md.

Father, Philip W. Potter,

...pation Wagon-Builder

...hplace, Balto. Md.

...ical Attendant, or other person who makes this Return. H. Bashiell, Jr. M.D.

—Jr. U.S. Broadway—

1893 0 0 3 8 5 1

Born U.P. Wd.

RETURN OF A BIRTH. 51440

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	11th November
4. Place of Birth, (Street and Number)	Baltimore 48 York Pt
5. Full Name of Mother,	Mary Kane
6. Mother's Maiden Name,	Mary Dougherty
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Patrick Kane
9. Father's Occupation	Exchange Man
10. Father's Birthplace,	Queens County
Name of Medical Attendant, or other person who makes this Return,	Mrs Taylor
Address,	41 Guilford Ave
Remarks,	8930003852

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

5141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* November 11th 1893
4. *Place of Birth, (Street and Number)* # 103 N. Fulton Avenue
5. *Full Name of Mother.* Ova Sparrow
6. *Mother's Maiden Name.* Ova Robinson
7. *Mother's Birthplace.* Townsend Co Delaware
8. *Full Name of Father.* L. G. Sparrow Jr
9. *Father's Occupation.* Clerk
10. *Father's Birthplace.* Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return L. G. Sparrow M.D

Address. # 103 N. Fulton Ave

Remarks.

1893 0003653

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex. (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Nov 11th 1893
4. Place of Birth. (Street and Number) # 213 Riggs Ave
5. Full Name of Mother. Nora Robinson
6. Mother's Maiden Name. Nora Didlake
7. Mother's Birthplace. Richmond Va.
8. Full Name of Father. Hester Robinson
9. Father's Occupation. Engineer
10. Father's Birthplace. Washington D.C.

Name of Medical Attendant. or other Person who makes this Return Dr. Sharrow M.D

Address. # 1037 N. Fulton Avenue

Remarks. 1893000 3854

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTED AND STATIONERY.

RETURN OF A BIRTH. 51443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 1st 1938
4. Place of Birth, (Street and Number)	11 Sept. 93.
5. Full Name of Mother,	Jennie Flock
6. Mother's Maiden Name,	Jennie Schimek
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Mike Flock
9. Father's Occupation	Russia
10. Father's Birthplace,	Store
Name of Medical Attendant, or other person who makes this Return,	Marie Elias
Address,	1242 Mc Elderry St.
Remarks,	1482

18930003855

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Dec 11 1923

4. *Place of Birth, (Street and Number)* 1125 Eutaw St

5. *Full Name of Mother,* Harriet R Freeman

6. *Mother's Maiden Name,* Harriet L. Gross Ford

7. *Mother's Birthplace,* Miss Truxton

8. *Full Name of Father,* Freeman

9. *Father's Occupation* Porter Carlton Co Inc

10. *Father's Birthplace,* Viola Bates

Name of Medical Attendant, or other person who makes this Return 1432 Druid Hill

Address, [illegible]

Remarks, 8 9 3 0 0 0 3 6 5 6

any such person or persons who shall hereafter fail to comply with the provisions of this section shall for each offence forfeit and pay the sum of ten (10) dollars, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 11 — 95
4. Place of Birth, (Street and Number)	665 W Barre St
5. Full Name of Mother,	Cassie Bauer
6. Mother's Maiden Name,	" Bauer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Chas. A. Bauer
9. Father's Occupation	Grocery man
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Thos. McLaughlin M.D. 640 W Barre St
Address,	
Remarks,	

8 9 3 0 0 0 3 8 5 7

Penalty.—Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

H. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 11 93
4. Place of Birth, (Street and Number) 1127 Scott St
5. Full Name of Mother, Maggie E Harvey
6. Mother's Maiden Name, " Everitt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John C Harvey
9. Father's Occupation, Printer
10. Father's Birthplace, Washington D.C.
11. Name of Medical Attendant, or other person who makes this Return, Thos. M. Lumpkin M.D.
12. Address, 640 W Baltimore
13. Remarks,

1893 0 0 0 3 8 5 8

...; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 5144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 12th 1893
4. Place of Birth, (Street and Number) No 117 Millington Ave
5. Full Name of Mother, Fredrika Vogel
6. Mother's Maiden Name, Fredrika Weidt
7. Mother's Birthplace, Ostfriesland Germany
8. Full Name of Father, Friedrich Vogel
9. Father's Occupation Tyler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks, 6 9 3 0 0 0 3 8 5 9

S. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 12th 1892
4. Place of Birth, (Street and Number)	522 E Lanvale St
5. Full Name of Mother,	Mrs. Annie E. ~~Cross~~ Judge
6. Mother's Maiden Name,	Annie E. Kines
7. Mother's Birthplace,	Washington D. C
8. Full Name of Father,	G E Judge
9. Father's Occupation	Carter
Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return,	Wm Boyle
Address,	711 Eutaw St
Remarks,	1893000386 0

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n. ; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 51449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Nov. 12/93
4. Place of Birth (Street and Number),	683 Columbia Ave
5. Full Name of Mother,	Laura D. Jeans
6. Mother's Maiden Name,	" " Brooks
7. Mother's Birthplace,	Richmond Va.
8. Full Name of Father,	Henry J. Jeans
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	E. C. Smith M.D.
Address,	523 Scott St.
Remarks,	

1893 0003861

GIVEN NAME ADDED 10-17-55

RETURN OF A BIRTH. 51450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lula ~~Matilda~~ Feller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	# 4
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 12 '93
4. Place of Birth, (Street and Number)	# 1215 E. Eutaw St
5. Full Name of Mother,	Matilda. Feller
6. Mother's Maiden Name,	" Speir
7. Mother's Birthplace,	Phila. Pa.
8. Full Name of Father,	George. Feller
9. Father's Occupation	Tailor
Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 N. Eutaw St
Remarks,	

1893000 3862

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51451

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 10th 1897
4. Place of Birth, (Street and Number) No. 9 Leverett St
5. Full Name of Mother, Katie Kelly
6. Mother's Maiden Name, Katie Linger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter Kelly
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks, 8 9 3 0 0 0 3 0 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Nov 15-93
4. *Place of Birth, (Street and Number)*	631 N Eden
5. *Full Name of Mother,*	Mabel Griffith Campbell
6. *Mother's Maiden Name,*	Griffith
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas E Campbell
9. *Father's Occupation*	Chemist
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Virgil Miller
Address,	1247 E Monument St
Remarks,	8 43 0 0 0 3 8 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Sunday November 12th 1893
4. Place of Birth, (Street and Number)	Baltimore, 709 Sterling Street
5. Full Name of Mother,	Martha Sayles
6. Mother's Maiden Name,	Martha Thomas
7. Mother's Birthplace,	Baltimore County
8. Full Name of Father,	Charles Sayles
9. Father's Occupation,	Laborer
[redacted] Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Jane Dent
Address,	824 Sterling Street
Remarks,	

8930003865

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. RULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 51454

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Nov 17 - 93
4. Place of Birth, (Street and Number)	1532 Green Mount Ave
5. Full Name of Mother,	Annie Leitch
6. Mother's Maiden Name,	Annie Boes
7. Mother's Birthplace,	Balt
8. Full Name of Father,	Wm D Leitch
9. Father's Occupation,	Conductor
Father's Birthplace,	Balt
Name of Medical Attendant, or other person who makes this Return,	Daniel F Moyer MD
Address,	1200 N Edm St
Remarks,	City

1893000 3866

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 19 1922
4. Place of Birth, (Street and Number) 1110 Watson st
5. Full Name of Mother, Rosie Greenstein
6. Mother's Maiden Name, Rosie Tarama
7. Mother's Birthplace, Kief Russia
8. Full Name of Father, Hasiel Greenstein
9. Father's Occupation, Hat Dyer
10. Father's Birthplace, Kief Russia

Name of Medical Attendant, or other person who makes this Return,

Address, Yetta Blumansky 1022 E Lombard st.

Remarks,

8930003867

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. ; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1.	Sex, (state whether male or female)	Male
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	November 12/93.
4.	Place of Birth, (Street and Number)	Fistocone Ct. 2211.
5.	Full Name of Mother,	Lisy Horkoska.
6.	Mother's Maiden Name,	Boj
7.	Mother's Birthplace,	Poland
8.	Full Name of Father,	Wily Chyba.
9.	Father's Occupation,	Poland
10.	Father's Birthplace,	Poaland
	Name of Medical Attendant, or other person who makes this Return,	Agnes Hodolna,
	Address,	Thames St. No. 1635
	Remarks,	Sgnt.

8930003868

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51457

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, November 12/93
5. Place of Birth, (Street and Number) Lagister St. No 1718.
6. Full Name of Mother, Rosy Przybyszewska
7. Mother's Maiden Name, Medlick.
8. Mother's Birthplace, Poland.
9. Full Name of Father, Frank Borkowski
10. Father's Occupation, Poland
11. Father's Birthplace, Lockland.
12. Name of Medical Attendant, or other person who makes this Return. Agnes Hoddna.
13. Address, Thames St. No 1635
14. Remarks, Sgnt.

1893 0003869

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 51458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 12 of November 1893
4. Place of Birth, (Street and Number) 313 King St
5. Full Name of Mother, Martha L. Scott
6. Mother's Maiden Name, Martha L. Richardson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George M. Scott
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Anna M. Davis

Address, 802 China Street.

Remarks,

8930003870

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. S. GUILEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 the
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth,*	Nov 12 th 1903
4. *Place of Birth, (Street and Number)*	2039 Olivier st
5. *Full Name of Mother,*	Lizzie Parlemon
6. *Mother's Maiden Name,*	Lizzie Tubbing
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Herman Parlemon
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Barnes
Address,	716 N. Chester st
Remarks,	Balto

B 4 3 0 0 0 3 8 7 1

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Nov 12th 1893
4. Place of Birth, (Street and Number)	# 1835 N. Henry St
5. Full Name of Mother,	Mrs Dora Felger
6. Mother's Maiden Name,	Miss " Leichtenberg
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Louis Felger
9. Father's Occupation	Labor
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return	Wm Miller
Address,	# 2127 N. Pratt St
Remarks,	1893000038 72

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Nov 12th 1893
4. Place of Birth, (Street and Number)	# 1218 Pratt Str
5. Full Name of Mother,	Mrs Kate Barker
6. Mother's Maiden Name,	Miss " Heller
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Henry Barker
9. Father's Occupation,	Cooper
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return	Mrs Hiller
Address,	# 2127 N Pratt St
Remarks,	1893000038 73

attendance upon the mother, immediately hereafter. It shall become the duty of the person to parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 th child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Nov 12th 1893
4. Place of Birth, (Street and Number)	# 1321 Woodyear Str
5. Full Name of Mother,	Mrs Bertha Fiehne
6. Mother's Maiden Name,	Meis " Gaul
7. Mother's Birthplace,	West Preissen Germany
8. Full Name of Father,	Ferdinand Fiehne
9. Father's Occupation	Labor
10. Father's Birthplace,	West Preissen Germany
Name of Medical Attendant, or other person who makes this Return	Mrs Heiller
Address,	# 127 N Pratt Str
Remarks,	

5930003874

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 31463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child Catherine ~~Elizabeth~~ Nichols

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 12, 1893
4. Place of Birth, (Street and Number) 1412 Hanover St
5. Full Name of Mother, Kate Nichols
6. Mother's Maiden Name, Kate Nichols
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Nichols
9. Father's Occupation, Foreman
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return. Jno R Cooley
- Address, 213 E Lyon St
- Remarks, Hospital

1893 00 0 38 75

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51464

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 12 1893
4. *Place of Birth, (Street and Number)*	512 Hart St
5. *Full Name of Mother,*	Rebecca Taylor
6. *Mother's Maiden Name,*	Rebecca Carrie
7. *Mother's Birthplace,*	Frederick Co.
8. *Full Name of Father,*	John H Taylor
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Fredericktown, Md
Name of Medical Attendant, or other person who makes this Return	Stella Burke
Address,	1132 Warren St
Remarks,	0 9 3 0 0 0 3 8 7 6

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 51465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 12 of Nov
4. Place of Birth, (Street and Number) 205 North Gilles Street
5. Full Name of Mother, Agnes Conway
6. Mother's Maiden Name, Agnes Watkins
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Conway
9. Father's Occupation Labor
10. Father's Birthplace, Eastern Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 401 Lewis Street

Remarks, Living well

6 9 3 U 0 0 3 8 7 7

Wm. C. Dulany Co., City Printers and Stationers

Section 4. And be it further enacted by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 [illegible]

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 3

4. Place of Birth, (Street and Number) 114 Biddle St

5. Full Name of Mother, Louisa Logan

6. Mother's Maiden Name, Louisa Lucky

7. Mother's Birthplace, Louisiana

8. Full Name of Father, Peter Logan

9. Father's Occupation, Black Smith

10. Father's Birthplace, Louisiana

Name of Medical Attendant, or other person who makes this Return, Mary E. Logan

Address, 1703 Druid St

Remarks, 1893 0003878

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Nov 12th 1893
4. Place of Birth, (Street and Number)	N° German st
5. Full Name of Mother,	Marcella Eugenia Griffith
6. Mother's Maiden Name,	" " Meyers
7. Mother's Birthplace,	annah arundel co Maryland
8. Full Name of Father,	Charles Robert Griffith
9. Father's Occupation	Varnisher
10. Father's Birthplace,	annah arundel co Maryland
Name of Medical Atten[dant] or person who this Return.	Susan E Hunter
Address,	10 Sopr[ietor] st
Remarks,	

1893 0 0 3 0 0 0 3 8 7 9

...; C. Dulany Co., City Printers and Station...

...ation to report its name to the Commissioners or otherwise use manner and return use person no answer requires, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1—

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 13 - 1893
4. Place of Birth, (Street and Number) 233 Albemarle st.
5. Full Name of Mother, Sallie Woods
6. Mother's Maiden Name, " Kavanagh
7. Mother's Birthplace, City
8. Full Name of Father, Michael Woods
9. Father's Occupation,
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, P. G. Dance

Address, 1729 E. Balto.

Remarks,

1893 0003880

The Mayor, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, said any such person or persons also shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 31482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 13 November, 1893.
4. Place of Birth, (Street and Number) 1165 Jas. St.
5. Full Name of Mother, Mrs. John.
6. Mother's Maiden Name, Sarah Miller.
7. Mother's Birthplace, Russia.
8. Full Name of Father, Davis John.
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
11. Name of Medical Attendant, or other person who makes this Return. Mrs. J. Feldman.
12. Address, 618 E. Lombard. St.
13. Remarks,

8930003881

Every person required by law to make a return of a birth and neglecting to do so within ten days after the birth occurs, shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 9th

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 13th
4. Place of Birth, (Street and Number) 1221 Penna Ave
5. Full Name of Mother, Bertha Wilkie
6. Mother's Maiden Name, " Welsh
7. Mother's Birthplace, Balto City
8. Full Name of Father, David A. Wilkie
9. Father's Occupation, Merchant
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, John G. Huck

Address, 614 N. Lafayette Ave

Remarks,

8930003882

GUILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 31484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 -

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White -
3. Date of Birth, Nov - 13th - 1893.
4. Place of Birth, (Street and Number) 1914 W. Edmondson Ave.
5. Full Name of Mother, Sarah E. Parks
6. Mother's Maiden Name, Jacobs -
7. Mother's Birthplace, Phila - Penna -
8. Full Name of Father, Fred. B. Parks -
9. Father's Occupation, Clerk -
10. Father's Birthplace, New York.

Name of Medical Attendant, or other person who makes this Return R. H. Goldsmith.

Address, Hutzler & Gilbert

Remarks, 8 9 3 0 8 0 3 8 8

any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 99 - CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51485

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 13/93.
4. Place of Birth, (Street and Number) Bethel St. No. 602
5. Full Name of Mother, Wiktorya Bialek.
6. Mother's Maiden Name, Boj
7. Mother's Birthplace, Poland.
8. Full Name of Father, Cian Godek.
9. Father's Occupation, Poland
10. Father's Birthplace, Poland.
11. Name of Medical Attendant, or other person who makes this Return. Agnes Stodolna.

Address, Thames St. No. 1635.

Remarks, Sojet.

1 8 9 3 0 0 0 3 8 8 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

m J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51486

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not~~ of the white race)
3. Date of Birth, Nov 13th 1893
4. Place of Birth, (Street and Number) 2568 Druid Hill Ave
5. Full Name of Mother, Emma Blanche Lowe
6. Mother's Maiden Name, Horner
7. Mother's Birthplace, Carroll Co. Md
8. Full Name of Father, Thos Lawrence Lowe
9. Father's Occupation, Street Car Conductor
10. Father's Birthplace, Baltimore Md
11. Name of Medical Attendant, or other person who makes this Return, Elias C. Price M.D.
12. Address, 953 Madison Ave
13. Remarks, 8930003885

m. ; C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH 51487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, Nov 14th 1893
5. Place of Birth, (Street and Number) 202 W. Fayette st
6. Full Name of Mother, Margaret A Koffenberger
7. Mother's Maiden Name, " Stafford
8. Mother's Birthplace, Baltimore City
9. Full Name of Father, Jacob R. Koffenberger
10. Father's Occupation, Painter
11. Father's Birthplace, Baltimore City
12. Name of Medical Attendant, or other person who makes this Return, Alex E. Gibbons M.D.
13. Address, 853 Edmondson ave
14. Remarks,

8930003886

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. S. ABNEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each Physician or other person required by law to report a birth, who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14 th of November
4. *Place of Birth, (Street and Number)*	No 657 Portland Street
5. *Full Name of Mother,*	Mrs Selma Schmidt
6. *Mother's Maiden Name,*	Selma Schmidt Neuman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Fred Schmidt
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary Elias
Address,	1342 N. Eutaw Street
Remarks,	1483

8930003887

M. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 4 Jan 1893

4. Place of Birth, (Street and Number) 1124 Harlem Lane

5. Full Name of Mother, Emma Hill

6. Mother's Maiden Name, Lloyd

7. Mother's Birthplace, Virginia

8. Full Name of Father, Edward Hill

9. Father's Occupation Seaman

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mary Bowen

Address, 121 Saratoga st

Remarks, 8930003888

...C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 November
4. Place of Birth, (Street and Number) Dallas st 429
5. Full Name of Mother, Mary Falkenhahn
6. Mother's Maiden Name, Mary Fals
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Falkenhahn
9. Father's Occupation Labore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs Lahnman

Address, 409 South Bond st

Remarks, 8 9 3 0 0 0 3 8 8 9

may such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	November 16th 1895
4. Place of Birth, (Street and Number)	214 N. Graham Street
5. Full Name of Mother,	Mary A. Deshields,
6. Mother's Maiden Name,	Mary A. Dickson
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Theophilus Deshields
9. Father's Occupation	Laborer.
Father's Birthplace,	Somerset County Md.
Name of Medical Attendant, or other person who makes this Return,	Jno. H. Geier.
Address,	123 N. Graham. Street.
Remarks,	8930003890

C. Dulaney Co., City Printers and Stationers

over

RETURN OF A BIRTH. 51492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Name of Child: Herman Schattuck

of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th November
4. *Place of Birth, (Street and Number)* 1208 Mc. Elderry St.
5. *Full Name of Mother,* Dora Schattuck
6. *Mother's Maiden Name,* Dora Haase
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* Fred B. Schattuck
9. *Father's Occupation* Musician
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Marie Elias

Address, 1242 Mc Elderry Street

Remarks, 1485

693U003891

...J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8.
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	14th November
4. Place of Birth, (Street and Number)	506 Wyeth Street
5. Full Name of Mother,	Mary Elizabeth Amelia Trimper.
6. Mother's Maiden Name,	Gantter
7. Mother's Birthplace,	Breslau. Germany.
8. Full Name of Father,	Conrad Trimper
9. Father's Occupation	Merchant Tailor
● Father's Birthplace,	Jesberg. Germany.
Name of Medical Attendant, or other person who makes this Return,	Mrs Bruce
Address,	706 Front
Remarks,	

1893 0003892

n.; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

● . *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 4 th 1893.
4. *Place of Birth, (Street and Number)* 415 Ashland Ave
5. *Full Name of Mother,* Katie Kreis
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Harry Kreis
9. *Father's Occupation* Carpenter
- ● *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Mary Roney

Address, 963 N. Washington St.

Remarks, 893000038 93.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* fourth Child
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 14th of November
5. *Place of Birth, (Street and Number)* Baltimore N 600 Campbell St
6. *Full Name of Mother,* Emma Hirschhorn
7. *Mother's Maiden Name,* Emma Schmidt
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Albert Hirschhorn
10. *Father's Occupation* Drummer
11. *Father's Birthplace,* Baltimore
12. *Name of Medical Attendant, or other person who makes this Return,* Mrs Barge
13. *Address,* 711 West Lexington Street.
14. *Remarks,* ~~Baltimore, Maryland.~~

1893 0003894

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) African (mixed)
3. Date of Birth November 14th 1893
4. Place of Birth, (Street and Number) 2214 Hudson Alley
5. Full Name of Mother, Victoria Manns Howard
6. Mother's Maiden Name, Victoria Manns
7. Mother's Birthplace, Balt. County [Gr. Spg. Valley]
8. Full Name of Father, George Howard
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore.
- Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell M.D.
- Address, 2032 Maryland Avenue
- Remarks, Normal Labor — Vertex Presentn

1893000 3895

or person who shall hereafter fail to comply with the provisions of this section, shall be subject to the like penalty as those [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 51497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 5th 1893.
4. Place of Birth, (Street and Number)	427 Bradford St
5. Full Name of Mother,	Annie Mariott.
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Mariott.
9. Father's Occupation	Carpenter
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return	Mary Hanly
Address,	205 N Washington St.
Remarks,	8930003896

J. J. C. Dulany Co., City Printers and Stationers

Over

RETURN OF A BIRTH 51498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Vivian Joseph McCann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White.
3. Date of Birth, Nov 15th 1893.
4. Place of Birth, (Street and Number) 1405 W Lanvale st
5. Full Name of Mother, Mary M. McCann.
6. Mother's Maiden Name, Knight.
7. Mother's Birthplace, Va.
8. Full Name of Father, Walter J. McCann.
9. Father's Occupation, Editor.
10. Father's Birthplace, Balto City Md.

Name of Medical Attendant, or other person who makes this Return. R. H. Goldsmith,

Address, Harlem ave & Calhoun st.

Remarks, 6930003897

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51499

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	15 November 1899
4. Place of Birth, (Street and Number)	Fort Ave near Ash
5. Full Name of Mother,	Charlotte Lankester
6. Mother's Maiden Name,	Parker
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Barnett Lankester
9. Father's Occupation,	Cabinet Maker
[redacted] Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Cornelia Allen
Address,	140 Fidelity St
Remarks,	8930003898

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 15 1893

4. Place of Birth, (Street and Number) 1218 Central ave

5. Full Name of Mother, Estelle Phillips

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, [illegible]

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr L Gross

Address,

Remarks,

8930003899

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c) Second Child

1. Sex, (state whether male or female) Male - Stanislaus Lorien Fennick
2. Race or Color, (if not of the white race) Colored. Race
3. Date of Birth, November 15th 1893
4. Place of Birth, (Street and Number) 727 Bruen St
5. Full Name of Mother, Mrs Susie Fennick
6. Mother's Maiden Name, Susie Bundy
7. Mother's Birthplace, Middlesex C.C. Va
8. Full Name of Father, Madison Fennick
9. Father's Occupation, Waiter
10. Father's Birthplace, Charles C.C. Md
11. Name of Medical Attendant, or other person who makes this Return. Mrs Charity Jones

Address, Full name added by mother November 17 1934.
L.C. Helm Reg.

Remarks, Susie Fennick Mother 3 U 0 0 3 9 0 0

G. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 51502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 15 of November

4. *Place of Birth, (Street and Number)* 2515 Eastern Ave.

5. *Full Name of Mother,* Elise Helms

6. *Mother's Maiden Name,* = Lauer

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Geo. Helms

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weis

Address, 2524 Lancaster St.

Remarks,

8930003901

Code to report births to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 1 of Nov.

4. *Place of Birth, (Street and Number)* 516 Canton Av.

5. *Full Name of Mother,* Mary Hanlon

6. *Mother's Maiden Name,* = Bistel

7. *Mother's Birthplace,* Wisbach (Bavaria)

8. *Full Name of Father,* Henry Hanlon

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss

Address, 524 Lancaster St.

Remarks, 1893000390 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 51304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Nov. 15/23
4. Place of Birth (Street and Number),	205 N. German St.
5. Full Name of Mother,	Norma E. Powell
6. Mother's Maiden Name,	" " Vanover
7. Mother's Birthplace,	Balto. Md
8. Full Name of Father,	Paul E. Powell
9. Father's Occupation,	Painter
10. Father's Birthplace,	Roxbury N. Y.
Name of Medical Attendant, or other person who makes this Return.	F. C. Knight M.D.
Address,	523 Scott St.
Remarks,	

8930003903

C

RETURN OF A BIRTH. 57505

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulie
3. Date of Birth, May 15th 1893
4. Place of Birth, (Street and Number) 126 Riverside Ave
5. Full Name of Mother, Annie Fong
6. Mother's Maiden Name, Annie Ricketts
7. Mother's Birthplace, Betterton Kent County
8. Full Name of Father, John Fong
9. Father's Occupation Laborer
10. Father's Birthplace, Balte
11. Name of Medical Attendant, or other person who makes this Return, Mrs Baines
    Address, 711 N Grove
    Remarks, 1893000390 4

n. J. C. Dulany Co., City Printers and Stationers

Over

RETURN OF A BIRTH. 57506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	15th November
4. Place of Birth, (Street and Number)	Baltimore City Hospital
5. Full Name of Mother,	Minnie (~~Street~~) Grill
6. Mother's Maiden Name,	Minnie Schwartz
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Conrad (~~Geo~~) Grill
9. Father's Occupation	Glass Blower
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm Baugi
Address,	711 Dover St.
Remarks,	Full name of child - John Henry Grill

1893 00039 05

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

●. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. Sex, (state whether male or female)	Girl.
2. Race or Color, (if not of the white race)	white.
3. Date of Birth,	15. November.
4. Place of Birth, (Street and Number)	N. 907. Thursterstreet.
5. Full Name of Mother,	Franze Seifert.
6. Mother's Maiden Name,	Franzi Haberlander.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Georg Seifert.
9. Father's Occupation	Tailor.
●. Father's Birthplace,	Baltimore.
●. Name of Medical Attendant, or other person who makes this Return,	Marie Klass.
Address,	N. 1906. Fairmount av.
Remarks,	8930003906

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 15th 1885

4. Place of Birth, (Street and Number) N. E. Cor. Eutaw & Pratt Lane

5. Full Name of Mother, Hannah A. Lang

6. Mother's Maiden Name, Hannah A. Ritliger

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Martin H. Lang

9. Father's Occupation, Butcher

● Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. Patterson

Address, 1307 E. Centre St.

Remarks, 1 8 9 3 0 0 0 3 9 0 7

J. C. DeFuy Co., City Printers and Stationers.

RETURN OF A BIRTH. 51509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 5 December 1893

4. *Place of Birth, (Street and Number)* 116 E Barney St

5. *Full Name of Mother,* Lottie Reisinger

6. *Mother's Maiden Name,* Lottie Wasmann

7. *Mother's Birthplace,* Galveston County

8. *Full Name of Father,* John Reisinger

9. *Father's Occupation* Machinist

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, C. F. Brooks

Address, 1525 Light St

Remarks, Dead Well

1893 0003908

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 15/93.
4. Place of Birth, (Street and Number) S. Bond St. № 849.
5. Full Name of Mother, Any Kofman.
6. Mother's Maiden Name, Medhen.
7. Mother's Birthplace, Poland.
8. Full Name of Father, Daniel Kleemershi.
9. Father's Occupation, Poland.
10. Father's Birthplace, ~~Poorland.~~ Rusland.

Name of Medical Attendant, or other person who makes this Return. Agnes Stodolna.

Address, Thames St. № 15. 1635

Remarks, Legits

8930003909

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51511

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	November 15 93.
4. Place of Birth, (Street and Number)	Lagester Av. Nr 1715.
5. Full Name of Mother,	Rozy Nowak.
6. Mother's Maiden Name,	Medhen.
7. Mother's Birthplace,	Poland.
8. Full Name of Father,	Xzian Xzienik.
9. Father's Occupation,	Island.
10. Father's Birthplace,	Poeland.
Name of Medical Attendant, or other person who makes this Return.	Agnes Hadolna.
Address,	Thames Av. Nr 1655.
Remarks,	Grad.

1893000391 0

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	15 November 1893
4. Place of Birth, (Street and Number)	735 Dover st
5. Full Name of Mother,	Annie E. McLaughlin
6. Mother's Maiden Name,	Annie E. Leary
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Peter McLaughlin
9. Father's Occupation	Stone Cutter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	231 Poppleton St
Remarks,	1893U003911

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 5/5/3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	dark brown skin
3. Date of Birth,	16 of Nov 1893
4. Place of Birth, (Street and Number)	4 pierce st No 7-14
5. Full Name of Mother,	Maria Brown
6. Mother's Maiden Name,	Maria Cages
7. Mother's Birthplace,	ane Mineral Co
8. Full Name of Father,	augustis Brown
9. Father's Occupation,	Stone cutter
10. Father's Birthplace,	Colbert Co Md
Name of Medical Attendant, or other person who makes this Return.	Lydia Somerville
Address,	6 Clinton avenue
Remarks,	

8930003912

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. BALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colo
3. Date of Birth,	16th March 13
4. Place of Birth, (Street and Number)	1425 Druid Hill Ave
5. Full Name of Mother,	Mary Elizabeth Jones
6. Mother's Maiden Name,	Mary Eliza Johnson
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Hagen Jones
9. Father's Occupation	Waiter
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return,	Riley E Jones
Address,	1903 Gough St
Remarks,	8930003913

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. 5 C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51515

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

● *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov 6 1893

4. *Place of Birth, (Street and Number)* 1 E Madison St

5. *Full Name of Mother,* Barbara Mezzanotte

6. *Mother's Maiden Name,* Sisco

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Guy Mezzanotte

9. *Father's Occupation,* Cobra

● *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah V Barrington

Address, 924 Orleans St

Remarks, B 9 3 0 0 0 3 9 1 4

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, 10 mo 11 d 1893
5. Place of Birth, (Street and Number) Wise St Between west & Sharp
6. Full Name of Mother, Annie Gaither
7. Mother's Maiden Name, Same
8. Mother's Birthplace, Maryland
9. Father's Occupation, Same
10. Father's Birthplace, Maryland
11. Name of Medical Attendant, or other person who makes this Return, Water
    Address, Maryland
    Remarks, Howard & Wilkens Sts

B 9 3 0 0 0 3 9 1 5

Subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

●. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 16, 1893.
4. *Place of Birth, (Street and Number)*	716 Forrest St.
5. *Full Name of Mother,*	Margaret Migan
6. *Mother's Maiden Name,*	" McGovern
7. *Mother's Birthplace,*	U.S.
8. *Full Name of Father,*	Richard Migan
9. *Father's Occupation*	Laborer
● *Father's Birthplace,*	U.S.
Name of Medical Attendant, or other person who makes this Return,	Henry F. Cassidy M.D.
Address,	702 E Fremont Ave,
Remarks,	1893000039 16

n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 16th 1893
4. Place of Birth, (Street and Number)	1185 Rugby Balto Md
5. Full Name of Mother,	Margrette I Griffith
6. Mother's Maiden Name,	" " " Vanskiver
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Allen A Griffith
9. Father's Occupation,	Produce & Fruit Dealer
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Dr Bange
Address,	711 Scott
Remarks,	8930003917

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51519

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) Female
3. Date of Birth, November 16 1893.
4. Place of Birth, (Street and Number) No 1613 James Alley.
5. Full Name of Mother, Hesley Mesaly Enzer
6. Mother's Maiden Name, Mesaly Poules
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Enzer
9. Father's Occupation, Stonemason
10. Father's Birthplace, Gamony

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, No 1517 Byrd St.

Remarks, 1893000391 8

Any false statement or concealment of facts required to be stated in this return, with the intent to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 5/520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 16th 1893

4. Place of Birth, (Street and Number) #304 11 St

5. Full Name of Mother, Annie January Lane

6. Mother's Maiden Name, "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George H January

9. Father's Occupation Needle maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, D. G. Rankin MD

Address, Waverly Station City

Remarks, 8930003919

... ; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 31521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 16 th 1898
4. Place of Birth, (Street and Number) 814 V Bond St.
5. Full Name of Mother, Rose Bowden
6. Mother's Maiden Name, Yeamen
7. Mother's Birthplace, Fred Bowden
8. Full Name of Father, Taylor
9. Father's Occupation Yeaman
10. Father's Birthplace, Henry Kotelis
11. Name of Medical Attendant, or other person who makes this Return 205 N Washington St.
12. Address, 8 9 3 0 0 0 3 9 2 0
13. Remarks,

...ns. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person who shall neglect or refuse to make such Return, shall be liable to a penalty of not less than five nor more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W. H.

3. *Date of Birth,* 7 November 1873

4. *Place of Birth, (Street and Number)* 2013 Mineral Lane

5. *Full Name of Mother,* Lizzie Lee

6. *Mother's Maiden Name,* Lizzie Eagles

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* William C. Lee

9. *Father's Occupation* Laborer

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. C. A. Brooke

Address, 525 Light St

Remarks, Single Male

0 9 3 0 0 0 3 9 2 1

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* 17th Nov.
4. *Place of Birth, (Street and Number)* 259 E. Lemmt st. Balto. Md.
5. *Full Name of Mother,* Henrietta Johnson.
6. *Mother's Maiden Name,* Henrietta Hall.
7. *Mother's Birthplace,* Somerset County Md.
8. *Full Name of Father,* George Jones.
9. *Father's Occupation* Barber.
10. *Father's Birthplace,* Baltimore Md.
11. *Name of Medical Attendant, or other person who makes this Return,* Caroline Patterson
    Address, 401 Lewis st.
    Remarks, Long Grand.

1893 0003922

Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51524

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Nov 17th/93

4. *Place of Birth, (Street and Number)* 412 Hill Str.

5. *Full Name of Mother,* Katie Lucas

6. *Mother's Maiden Name,* St James

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* John Lucas

9. *Father's Occupation,* Policeman

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr E Gray

Address, 412 907 E Monument St

Remarks,

1893 0003923

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 5/5-25

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Col

3. Date of Birth, Nov 17" 93

4. Place of Birth, (Street and Number) 33 Bruce St Balto City

5. Full Name of Mother, Ellen E Brown Hall

6. Mother's Maiden Name,

7. Mother's Birthplace, Prince Georges Co.

8. Full Name of Father, Philip C. Brown

9. Father's Occupation, Janitor

10. Father's Birthplace, Madison La.

Name of Medical Attendant, or other person who makes this Return. Lizzie Hall

Address,

Remarks,

8930003924

The parent or parents of each child born in Baltimore City are required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ernest William Feigermann 2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 11 1893
4. Place of Birth, (Street and Number)	420 S. Paca St.
5. Full Name of Mother,	Berta Feigermann
6. Mother's Maiden Name,	" Soltmann
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Gus. Feigermann
9. Father's Occupation	Bookbinder
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	E. L. Brodkenbrough
Address,	418 S. Paca St.
Remarks,	NAME ADDED. 3-6-53

6-9-3 0 0 0 3 9 2 5

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 17th 1895
4. Place of Birth, (Street and Number)	646 Stirling Pl
5. Full Name of Mother,	Ida F. Cole
6. Mother's Maiden Name,	Ida F. Mann
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	William G. Cole
9. Father's Occupation,	Cotton Roaster
Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	A. G. Watson
Address,	1307 E. Centralave
Remarks,	5930003926

J. C. Bulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. March 2 1893
4. Place of Birth, (Street and Number) 100 Stewart
5. Full Name of Mother, Rose Bolig
6. Mother's Maiden Name. Lehman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jose Bolig
9. Father's Occupation. Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Bernstein

Address, 1 8 9 3 0 0 0 3 9 2 7

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Dec 17th 1893
4. Place of Birth, (Street and Number)	102 S Bethel St
5. Full Name of Mother,	Mary Reed
6. Mother's Maiden Name,	Mary Eaton
7. Mother's Birthplace,	Md & Virginia
8. Full Name of Father,	William Reed
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Eastern Shore Maryland
Name of Medical Attendant, or other person who makes this Return,	Susan Hughes
Address,	123 N Dallas St
Remarks,	8930003928

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

● of Child of Mother, (state whether ~~1st, 2d, 3d~~ &c.) 1/6

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 14 4
4. Place of Birth, (Street and Number) 1334 Argyle ave
5. Full Name of Mother, Mary M. Furst
6. Mother's Maiden Name, " " Albert
7. Mother's Birthplace, Balto City
8. Full Name of Father, Jacob H Furst
9. Father's Occupation, Printer

● Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, John L. Huck

Address, 647 N Collington ave

Remarks, 1 69 S U 0 0 3 9 2 9

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 37531

...ice of Registrar of Vital Statistics, Board of Health, Baltimore City.

...Mother (state whether 1st, 2d, 3d, &c.) 1st

...ther male or female) Female

... (if not of the white race)

..... Nov 17 1893

..., (Street and Number) 1630 Mt St Baltimore Md

... Mother, Lydia Aurelia Bromwell

...den Name, " Beauchamp

...hplace, Baltimore Md

... Father, Jacob Thomas Bromwell

...pation, Traveling Salesman

...hplace, Talbot Co Md.

...ical Attendant, or other person who makes this Return. Ruth A Coletrour

1400 Green St

Balto Md

1893 0 0 0 3 7 3 0

RETURN OF A BIRTH. 51532

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, November 17th 1893
4. Place of Birth, (Street and Number) 1353 E Balto st
5. Full Name of Mother, Mary E Filling
6. Mother's Maiden Name, Getz
7. Mother's Birthplace, Balto city
8. Full Name of Father, Louis J Filling
9. Father's Occupation, Barber
10. Father's Birthplace, Balto city
11. Name of Medical Attendant, or other person who makes this Return, J Pinkney Snyder M. D.
12. Address, 1123 E Balto st
13. Remarks, 8 9 3 0 0 0 3 9 3 1

Failure to report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m : C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 10-25-57

RETURN OF A BIRTH

51533

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Caroline Weber Disney
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth.	Nov. 17. 1893
Place of Birth, (Street and Number)	210 N. Arlington ave
Full Name of Mother.	Christina Disney
Mother's Maiden Name.	Christina Weber
Mother's Birthplace.	Baltimore
Full Name of Father.	Thomas S. Disney
Father's Occupation.	Conductor Traction Co.
Father's Birthplace.	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return	Master Warfield M.D.
Address.	412 Cathedral St.
Remarks.	1893 0003932

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTING AND STATIONERY.

RETURN OF A BIRTH 31534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (State whether male or female)	Meal
2. Race or color, (if not of the white race)	
3. Date of Birth,	Nov 18
4. Place of Birth, (Street and Number)	Eager St 513
5. Full Name of Mother,	Bessey McClatchan
6. Mother's Maiden Name,	London
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Felix McMahon
9. Father's Occupation,	Sicker Dealer
Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return	Mrs Carroll
Address,	1385 Woodyer St
Remarks,	8930003933

child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	November 18th 1893.
4. Place of Birth, (Street and Number)	914 Ridgley St.
5. Full Name of Mother,	Katie Sophia Baerburger
6. Mother's Maiden Name,	" " Villmar
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Henry Lewis Baerburger.
9. Father's Occupation	Cabinetmaker.
Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Bange
Address,	711 Cross st
Remarks,	8930003934

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

m.; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 18. 1893
4. Place of Birth, (Street and Number)	No 1611 Olive st
5. Full Name of Mother,	Addie West
6. Mother's Maiden Name,	Addie Baley
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Walter West
9. Father's Occupation,	Machinist
Father's Birthplace,	Baltimoe
Name of Medical Attendant, or other person who makes this Return,	Catherine Hornung
Address,	No 1517 Byrd St
Remarks,	1893000393 5

any such person so refusing, upon conviction thereof, shall forfeit and pay for the purposes of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51537

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Friday November 18 - 1892.
4. Place of Birth, (Street and Number) No 11 Heath St.
5. Full Name of Mother, Kate Mc nally
6. Mother's Maiden Name, Kate Fehely
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Mc nally
9. Father's Occupation, Laborer
10. Father's Birthplace, England
11. Name of Medical Attendant, or other person who makes this Return. Catherine Horning
12. Address, No 1317 Byrd St
13. Remarks, 893000 3936

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67538

CERTIFICATE CORRECTED 1-25-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George James Fairley	
of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th child.
1. Sex, (state whether male or female)	male.
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	8th of Nov. 1893.
4. Place of Birth, (Street and Number)	3321 Boston St.
5. Full Name of Mother,	~~3321~~ Lenas ~~Fowler~~ Fairley
6. Mother's Maiden Name,	Lenza Bugeman
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Robt ~~Fowler~~ Fairley
9. Father's Occupation,	Laborer.
Father's Birthplace,	Scotland
Name of Medical Attendant, or other person who takes this Return,	Mrs. M. Taylor
Address,	# 615 S. Patterson Pk. Ave.
Remarks,	

1893 0003937

The Board of Health shall not be required fully to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday Jan 1 1893
4. *Place of Birth, (Street and Number)*	# 117 N Fremont St
5. *Full Name of Mother,*	Ella E Murray
6. *Mother's Maiden Name,*	Ella E Nutthan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John J Murray
9. *Father's Occupation*	Fireman
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Susan Hunter
Address,	23 N Poynelton St
Remarks,	1893 0003938

Any person giving false information in the above Return, shall be guilty of a misdemeanor, and on conviction thereof, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 15th 1893
4. Place of Birth, (Street and Number)	146 Pennsylvania Ave
5. Full Name of Mother,	Emma McGraw
6. Mother's Maiden Name,	Emma Klaugue
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Harry F McGraw
9. Father's Occupation	Blacksmith
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Annie Mezingdt
Address,	193 N Monroe Street
Remarks,	

8930003939

Wm. C. Dulany Co., City Printers and Stationers

To secure the registration of the birth of a child, it must become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 11th 1893

4. Place of Birth, (Street and Number) 113 Watson St

5. Full Name of Mother, Louisa Guevara

6. Mother's Maiden Name, Louisa Miller

7. Mother's Birthplace, Germany

8. Full Name of Father, Gustavo

9. Father's Occupation, Cigar maker

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Mendzecki

Address, 542 W Baltimore St

Remarks,

1893 0003940

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

61542

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (~~state whether~~ 1st, 2d, 3d, &c.)	
1. Sex (~~state whether~~ Male or Female)	
2. Race or Color (if not of the white race)	
3. Date of Birth	November 15th 1893
4. Place of Birth (Street and Number)	#2242 Hollins Ave
5. Full Name of Mother	Mary E. Ebert
6. Mother's Maiden Name	Mary E. Brumfield
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Oliver H. Ebert
9. Father's Occupation	Mechanic
10. Father's Birthplace	Baltimore City P.E. Benton Md.
Name of Medical Attendant, or other Person who makes this Return.	
Address	#1047 Hollins st
Remarks	18930003941

(2) The parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 51543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Of Color

3. Date of Birth, Nov 15/23

4. Place of Birth, (Street and Number) 2 [illegible] Lemmon Street

5. Full Name of Mother, Mary [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 1893000 3942

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● . of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	November 8th 1893
4. Place of Birth, (Street and Number)	Baltimore 511 Edmondson Street
5. Full Name of Mother,	Alberta Richardson
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Samuel Richardson
9. Father's Occupation,	Laborer
● . Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. [illegible]
Address,	804 Stirling St.
Remarks,	

1893000003943

(Duty to report the birth of a child.) It shall be the duty of the parent of every child born in the City of Baltimore, or in default of the parent, the person having charge of such child, to comply with the provisions of this section shall be subject to the penalty hereinafter provided; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

W. G. PULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 51545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 18th 1892
4. Place of Birth, (Street and Number) 422 South Bond st
5. Full Name of Mother, Cassie Schacht
6. Mother's Maiden Name, " Levin
7. Mother's Birthplace, Poland Prussia
8. Full Name of Father, Adolf Schacht
9. Father's Occupation Butcher
10. Father's Birthplace, Poland
11. Name of Medical Attendant, or other person who makes this Return,
    Address, Yellowley Lawrence Fyock & Sunland st.
    Remarks, 1893000 3944

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the like penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E. J. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, January 17
4. Place of Birth, (Street and Number) Clarks alley 101
5. Full Name of Mother, Rachel Gunnin
6. Mother's Maiden Name, Rachel Chambers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Gunnin
9. Father's Occupation Labour
10. Father's Birthplace, South Carolina

Name of Medical Attendant, or other person who makes this Return, Rachel Jane Wilson

Address, 434 west Henry st

Remarks, Full Term

1893 0003945

The Compiler of this Return will be required to furnish the personal facts required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Bulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 15th 1895
4. Place of Birth, (Street and Number) 1159 Lilly Needles st.
5. Full Name of Mother, Esther Rosenbloom
6. Mother's Maiden Name, Esther
7. Mother's Birthplace, Russia.
8. Full Name of Father, Morris Rosenbloom
9. Father's Occupation Baker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return,

Address, Gelb & Cornmajer 1 E Lombard st

Remarks,

1893000394 6

Duffy Co., City Printers and Stationers

Every person required by the Commissioner of Health, in the manner and within the period above required, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 57548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, Nov 18

4. Place of Birth, (Street and Number) 135 S Charles St

5. Full Name of Mother, Millie Lowe

6. Mother's Maiden Name. Millie Yates

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Bennie Lowe

9. Father's Occupation, Cabby

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr Annie M. Ellis

Address, 823 S Charles St

Remarks, 1893000039475

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 57544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Four
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January Nov 19
4. Place of Birth, (Street and Number)	1112 Scott St
5. Full Name of Mother,	Maria Knopf
6. Mother's Maiden Name,	Lutz Lauter
7. Mother's Birthplace,	Scott St
8. Full Name of Father,	Benj F Knopf
9. Father's Occupation,	Farmer
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return	Mrs Parran
Address,	711 Barre St.
Remarks,	1893 0003948

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED - 8-15-66

RETURN OF A BIRTH. 31550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: GRACE LOVELL ELGIN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth.* Nov 17 1893 1893

4. *Place of Birth, (Street and Number)* 1526 N Lexington

5. *Full Name of Mother,* Emma Elgin

6. *Mother's Maiden Name.* Hobbs

7. *Mother's Birthplace.* Va

8. *Full Name of Father.* Sultan E. Elgin

9. *Father's Occupation* Stor Keeper

10. *Father's Birthplace.* Va

Name of Medical Attendant, or other person who makes this Return Dr L Fellerhoff MD

Address. 705 N Gilmor St

Remarks.

1893 0003949

...m. ; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 19th 1893
4. Place of Birth, (Street and Number)	2. St. Co. Patterson Park Ave. Baltimore
5. Full Name of Mother,	Alberta Alice Reiter
6. Mother's Maiden Name,	" " Robinson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Philip H. Reiter
9. Father's Occupation	Clerk
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	James H. Hamm. M.D. 21 S. Patterson Park Ave
Address,	
Remarks,	1893 0003950

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Robert H Second Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November the Seventeenth 1893
4. Place of Birth, (Street and Number)	333 South Calhoun St
5. Full Name of Mother,	Fannie Pfeffer
6. Mother's Maiden Name,	Fannie Rikein
7. Mother's Birthplace,	Germantel
8. Full Name of Father,	Robert Pfeffer
9. Father's Occupation,	Druggist
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Maggie C Wales
Address,	312 S Woodyear St
Remarks,	The Child was 8 1/2 Months Born at 5 in morning and died at Five Oclock in every Seven month Knowledge

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 19th 90.

4. Place of Birth, (Street and Number) 917 Railway St

5. Full Name of Mother, Annie Goodevan

6. Mother's Maiden Name, Annie Lawless

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, John Goodevan

9. Father's Occupation, Labors

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Henry C. Ober, M.D.

Address, 1703 Orleans St

Remarks, 1893000395 2

Penalty for neglect of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-23-54 57554

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) Emma Matilda Biedenbeck 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, Nov 19 93
5. Place of Birth, (Street and Number) 214 E Monument St
6. Full Name of Mother, Pola Biedenbeck
7. Mother's Maiden Name, Schramm
8. Mother's Birthplace, Germany
9. Full Name of Father, John Biedenbeck
10. Father's Occupation, Potter
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other person who makes this Return, Mrs L Geers
13. Address, MR 1907 E Monument St
14. Remarks,

8930003953

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 51555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Nov 19 1893

4. Place of Birth (Street and Number), 618 Bethel St

5. Full Name of Mother, Mrs. Kate Kueffer

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father, J. Kueffer

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Edwin R. Wallace M.D.

Address, 800 Park Ave

Remarks,

1893000 3954

for each offence, to be recovered as other fines and forfeitures are recovered.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH. 67536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth.	Oct 19th 1893
4. Place of Birth, (Street and Number)	116 N. Dallas St
5. Full Name of Mother,	Sophia Miller
6. Mother's Maiden Name,	Sophia Thomas
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Miller
9. Father's Occupation,	Laborer
10. Father's Birthplace,	North Carolina
Name of Medical Attendant, or other person who makes this Return,	Susan Glasgow
Address,	123 N. Durham St
Remarks,	1693000 3955

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Kinder

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) Weiß

3. Date of Birth, 19 November 1920

4. Place of Birth, (Street and Number) 2 Dallas str

5. Full Name of Mother, Amelia Koppman

6. Mother's Maiden Name, Leidig

7. Mother's Birthplace, Baltimor

8. Full Name of Father, Hans Koppman

9. Father's Occupation, Kuppe

10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return Marie Pratt

Address, 1 E Bo[illegible]

Remarks,

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57558

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth. November 19/93.

4. Place of Birth, (Street and Number) 7 Alexander St. No. 1613.

5. Full Name of Mother, Pat Kiejdy Tomaszewska.

6. Mother's Maiden Name. Medhen.

7. Mother's Birthplace. Poland.

8. Full Name of Father, Frenk Stachowski.

9. Father's Occupation. Poland

10. Father's Birthplace, Poeland.

Name of Medical Attendant, or other person who makes this Return. Agnes Hedelua.

Address, Thames St. No. 1635.

Remarks, Agent.

1893 0003957

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51559

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex,* (state whether male or female) Female

2. *Race or Color,* (if not of the white race)

3. *Date of Birth,* Nov 20/93

4. *Place of Birth,* (Street and Number) No 1706 Lauren Hunter

5. *Full Name of Mother,* Mc Lord

6. *Mother's Maiden Name,* Baltimore

7. *Mother's Birthplace,* James E Norfolk

8. *Full Name of Father,* Packer

9. *Father's Occupation,* Grocer & Prov. Dlr

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Dr. E Monument Ave

Address, No 1907

Remarks, 1893 0003958

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

37560

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	November 20th 1893
4. *Place of Birth (Street and Number)*	182 N. Barney st.
5. *Full Name of Mother*	Mary Estelle Hanson
6. *Mother's Maiden Name*	M. E. Gardner
7. *Mother's Birthplace*	Washington D.C.
8. *Full Name of Father*	John Hanson
9. *Father's Occupation*	Hack Dr.
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	E. Trichaw M.D.
Address	1607 E. Thorpe st.
Remarks	

1893000039 59

RETURN OF A BIRTH. 57561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20th September 1873.

4. Place of Birth, (Street and Number) 2 Kenwood 307 Eutaw

5. Full Name of Mother, Annette Rosa D

6. Mother's Maiden Name, Lucretia Lenwood

7. Mother's Birthplace, Germany

8. Full Name of Father, Gottfried Rosa

9. Father's Occupation, Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this return, [illegible]

Address, [illegible]

Remarks, [illegible]

1893000003960

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

GIVEN MAY 18 1936 5-18-52

RETURN OF A BIRTH. 51562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie May Wortham 6d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 20, 1936 630 Columbia Ave
4. Place of Birth, (Street and Number) 630 Columbia Ave
5. Full Name of Mother, Bertie Wortham
6. Mother's Maiden Name, Bertie Hub
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hubbard Wortham
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Wellington Oliver

Address, 641 So Paca St

Remarks,

1893000396 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

●. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	November 20 1893
4. Place of Birth, (Street and Number)	902 Burgundy al
5. Full Name of Mother,	Teresa E Wagner
6. Mother's Maiden Name,	Teresa E Bains
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George C. Wagner
9. Father's Occupation	Cooper
● Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr Dange
Address,	711 Lexington
Remarks,	8930003962

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 5/564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) W. Lite
3. Date of Birth, 20 Nov. 1893
4. Place of Birth, (Street and Number) 633 Blueberry, T
5. Full Name of Mother, Marie Louise Sommers Berg
6. Mother's Maiden Name, Washington Sommers
7. Mother's Birthplace, Penn
8. Full Name of Father, Baltimore MD
9. Father's Occupation Dr. Heldman
Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Dr. Heldman
Address, 204 Cathedral
Remarks, 1893 00073963

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	November 20th 1895
4. Place of Birth, (Street and Number)	1502 Aisquith St.
5. Full Name of Mother,	Mary E. Kearney
6. Mother's Maiden Name,	Mary E. Kearney
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Henry J. Kearney
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	A. G. Watson
Address,	1307 E. Central Ave
Remarks,	1893 0003964

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) Female

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) Nov 20. 1893

3. Date of Birth, 400 N. Pace st

4. Place of Birth, (Street and Number) Elizabeth Dorsey Williams

5. Full Name of Mother, Penna.

6. Mother's Maiden Name, John A. Dorsey

7. Mother's Birthplace, Policeman

8. Full Name of Father, Pennsylvania

9. Father's Occupation W. K. Gorrell

0. Father's Birthplace, 411 N. Pace st

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 1893000396 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Failure to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* December 11 1923
4. *Place of Birth, (Street and Number)* 131 Pennsylvania Ave
5. *Full Name of Mother,* Esther Rose Catherine Marbutt
6. *Mother's Maiden Name,* Ireland
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Isaac Strafer
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Mar Anne Maryland
11. *Name of Medical Attendant,* or other person who makes this Return. [illegible]

Address, 123 N. Fulton Ave

Remarks,

1893000039666

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 57568

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	November 20/93
4. Place of Birth, (Street and Number)	Thames St. No 1635.
5. Full Name of Mother,	Rozy Kalkoska.
6. Mother's Maiden Name,	Medken.
7. Mother's Birthplace,	Poland.
8. Full Name of Father,	Kostanty Bodzinoski.
9. Father's Occupation,	Galici.
Father's Birthplace,	Astri.
Name of Medical Attendant, or other person who makes this Return,	Agnes Hodolna.
Address,	Thames St. No 1635
Remarks,	Sagt.

1893000 3967

m J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	2
1. *Sex, (state whether male or female)*	Twin Boy 1st
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20 September
4. *Place of Birth, (Street and Number)*	1130 Clarkson St
5. *Full Name of Mother,*	annie Joyner
6. *Mother's Maiden Name,*	annie Turner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jesse Joyner
9. *Father's Occupation*	Laborer
● *Father's Birthplace,*	Baltimore
● *Name of Medical Attendant,* or other person who makes this Return,	C. A. Brooks
Address,	528 Light St
Remarks,	Twin with

18930003968

Any such person or persons who shall hereafter fail to comply with the provisions of this Act shall be guilty of a misdemeanor, and upon conviction thereof shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 37570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Sex, (state whether male or female)* Male + Female
2. *Race or Color, (if not of the white race)* 2
3. *Date of Birth.* Nov-21-
4. *Place of Birth. (Street and Number)* 1730 Clarkson
5. *Full Name of Mother,* Annie Bayner
6. *Mother's Maiden Name,* Gusner
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Bayner
9. *Father's Occupation,* Balto
10. *Father's Birthplace,* E.A. Brooks
11. *Name of Medical Attendant,* or other person who makes this Return.
12. *Address,*
13. *Remarks,*

1893000 3969

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

From J. C. Dulany Co., City Printers And Stationers.

RETURN OF A BIRTH. 51571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	5. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Nov 20th 1893
4. *Place of Birth, (Street and Number)*	# 302 Forrest Str
5. *Full Name of Mother,*	Mrs Hedwig Dressel
6. *Mother's Maiden Name,*	Wife " Grieg
7. *Mother's Birthplace,*	West Preissen Germany
8. *Full Name of Father,*	Joseph Dressel
9. *Father's Occupation*	Driver
0. *Father's Birthplace,*	West Preissen Germany
Name of Medical Attendant, or other person who makes this Return	Mrs. Hailer
Address,	#2127 W. Pratt Str
Remarks,	+ 8 9 3 0 0 0 3 9 7 0

...ply with the provisions of this section shall be sub-... any such person or persons who shall hereafter fail to comply with ... recovered as other fines and forfeitures are recoverable. ... jected to the fine of ten (10) dollars for each offence, to be recovered ...

...m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 20 1873
4. Place of Birth, (Street and Number) No 128 Hopkins Pl
5. Full Name of Mother, Emma Hardy
6. Mother's Maiden Name, Emma Keith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hardy
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks, 0 9 3 0 0 0 3 9 7 1

...n. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 51573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 20th 93
4. Place of Birth, (Street and Number)	1628 Mc Culloh St
5. Full Name of Mother,	Ida L. Nachman
6. Mother's Maiden Name,	Dias
7. Mother's Birthplace,	West Indies
8. Full Name of Father,	George W Nachman
9. Father's Occupation	Cashier of Morning Herald.
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie M.D.
Address,	219 W. Monument St.
Remarks,	Full name of child - George P. Nachman

S. 3 0 0 3 9 7 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. ; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 57574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Nov 20
4. Place of Birth, (Street and Number)	Mc Kim St
5. Full Name of Mother,	Emma Peter
6. Mother's Maiden Name,	Emma Parker
7. Mother's Birthplace,	Charles Co Md
8. Full Name of Father,	Edward Peter
9. Father's Occupation	Labor
Father's Birthplace,	Pregnant
Name of Medical Attendant, or other person who makes this Return,	Caroline Peter
Address,	401 Lexington St
Remarks,	Dr Dorsey as well Resident

1893 0003973

any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

B. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 21/1893
4. Place of Birth, (Street and Number)	1131 S. Sharp St.
5. Full Name of Mother,	Elizabeth Woolmer
6. Mother's Maiden Name,	Elizabeth Ament.
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	James R Woolmer.
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Bauer
Address,	711 Cross St
Remarks,	1893000374

C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 6-3-55

RETURN OF A BIRTH. 51576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lewis Clyde Horton
of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Tuesday November 21 1893
4. Place of Birth, (Street and Number) No 724 Fort Avenue
5. Full Name of Mother, Maud Horton
6. Mother's Maiden Name. Maud Didlare
7. Mother's Birthplace. West Point Virginia
8. Full Name of Father, Jerome Horton
9. Father's Occupation, Laborer
10. Father's Birthplace, Beverly Massachusetts
11. Name of Medical Attendant, or other person who makes this Return. Catherine Hornung
12. Address. No 1511 Byrd st Baltimore City

Remarks, 1893 0003975

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m J. C. Dulany Co., City Printers and Stationers.

57577

RETURN OF A BIRTH.

GIVEN NAME ADDED. 1/5/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Minnie HELEN Vogel

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) - -

3. Date of Birth, Nov 21 / 93

4. Place of Birth, (Street and Number) No 607 N Eutaw St

5. Full Name of Mother, Mary Vogel

6. Mother's Maiden Name, Strasse

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Vogel

9. Father's Occupation, Barber

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, No 1907 E Monument St.

Remarks, 8930003976

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51578

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 21st 1893
4. *Place of Birth (Street and Number)*	317 S. Sharp St
5. *Full Name of Mother*	Mary Louise Kolline
6. *Mother's Maiden Name*	Mary Louise Stone
7. *Mother's Birthplace*	Fredericksburg Virginia
8. *Full Name of Father*	Charles Alexander Kolline
9. *Father's Occupation*	Steam Boat Trade
10. *Father's Birthplace*	Port Royal Virginia
Name of Medical Attendant, or other Person who makes this Return.	E. Michaux M.D.
Address	407 Sharp St
Remarks	

1893 D 003977

RETURN OF A BIRTH. 51579

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st November 1873

4. Place of Birth, (Street and Number) 612 W. Hamburg St

5. Full Name of Mother, Mrs Annie Elanor Ford

6. Mother's Maiden Name, Annie E Hampson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George Marion Ford

9. Father's Occupation Box Maker

10. Father's Birthplace, Fayetteville N. Carolina

Name of Medical Attendant, or other person who makes this Return, Mrs Ford

Address, 7 W Cross St

Remarks, 1893000 3978

Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

57581

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Nov 21st 1893
4. *Place of Birth (Street and Number)*	828 Robey st
5. *Full Name of Mother*	Bettie Neal
6. *Mother's Maiden Name*	Bettie Young
7. *Mother's Birthplace*	Va
8. *Full Name of Father*	Robert Neal
9. *Father's Occupation*	Stevedore
10. *Father's Birthplace*	Va
Name of Medical Attendant, or other Person who makes this Return.	H. Gilchrist M.D.
Address	1028 Linden Ave
Remarks	

1893 U 0003979

RETURN OF A BIRTH. 51581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 21st 93
4. Place of Birth, (Street and Number)	315 S Eden
5. Full Name of Mother,	Mary C Grauling
6. Mother's Maiden Name,	" " Wilhelm
7. Mother's Birthplace,	New Windsor, Md
8. Full Name of Father,	John Grauling
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return	W W Bartlett M D
Address,	1308 E Chase St
Remarks,	Child is affected with Umbilical Hernia

13 0 0 0 3 9 8 0

...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...n. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth.* January 2nd 1893
5. *Place of Birth, (Street and Number)* 1st Ave. (Corner of Hanover St.
6. *Full Name of Mother.* Catherine Carroll
7. *Mother's Maiden Name.* Catherine Lafferty
8. *Mother's Birthplace.* Ireland
9. *Full Name of Father.* John Joseph Welch
10. *Father's Occupation.* Cattle
11. *Father's Birthplace.* Ireland
12. *Name of Medical Attendant.* or other Person who makes this Return Geo. C. Fenwick, M.D.
13. *Address.* 1st & Hanover Sts.
14. *Remarks.*

1893 0003981

PRINTERS AND STATIONERS.

Whoever shall neglect to report, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 51583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct. 2, 1893
4. *Place of Birth (Street and Number),* No. 523 S. Ann St.
5. *Full Name of Mother,* Elizabeth Goodman
6. *Mother's Maiden Name,* Streit
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Chas. Goodman
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Baltimore Md.
11. *Name of Medical Attendant,* or other person who makes this Return. J. C. Stuff M.D.
    Address, 523 South St.
    Remarks,

1893000039 82

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 November 1893
4. Place of Birth, (Street and Number) Baltimore 1405 Irving st
5. Full Name of Mother, Anna Dahl
6. Mother's Maiden Name, Annie VanBuck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Dahl
9. Father's Occupation Fresco Thaer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18930003963

No. 7. C. Dulany Co., City Printers and Stationers

Blank for reports to be made to the Commissioner of Health, in the manner and within the period above required, and any each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

51585

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 22d
4. Place of Birth (Street and Number)	1715 Laurel St
5. Full Name of Mother	Minnie L. Warfield
6. Mother's Maiden Name	Minnie L. Shubert
7. Mother's Birthplace	Baltimore
8. Full Name of Father	A. A. Warfield
9. Father's Occupation	Clerk
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return	Howard A. Kelly
Address	Robt Garrett
Remarks	22 N Gilmor St

C 930003984

RETURN OF A BIRTH. 51386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. *No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 2d
2. *Sex,* (state whether male or female) Female
3. *Race or Color,* (if not of the white race) — — —
4. *Date of Birth,* Nov 22 / 92
5. *Place of Birth,* (Street and Number) No 1819 Patterson Ave
6. *Full Name of Mother,* Mamie Prouty
7. *Mother's Maiden Name,* Dulel
8. *Mother's Birthplace,* Virginia
9. *Full Name of Father,* Caleb Prouty
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Baltimore
12. *Name of Medical Attendant,* or other person who makes this Return, Mrs L Gross
13. *Address,* No 1907 E Monument St
14. *Remarks,*

1893 0003985

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 37587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, November 22nd 1895
5. Place of Birth, (Street and Number) 1622 Aisquith St.
6. Full Name of Mother, Mary Kearney
7. Mother's Maiden Name, Mary Gillespie
8. Mother's Birthplace, Ireland
9. Full Name of Father, James R. Kearney
10. Father's Occupation, P.O. Clerk
11. Father's Birthplace, Washington D.C.
12. Name of Medical Attendant, or other person who makes this Return, J. G. Watson
    Address, 1301 N. Central Ave
    Remarks, 1893000 3986

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 22nd 1893
4. Place of Birth, (Street and Number)	42 S Poppleton st
5. Full Name of Mother,	Sarah Cowan
6. Mother's Maiden Name,	Sarah McKenny
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	William Cowan
9. Father's Occupation	Stock Drover
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return	Mrs Hunter
Address,	23 N. Poppleton st
Remarks,	1893 00039 87

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 57589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Philip Theiss

9. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 22 november - 1893.

4. Place of Birth, (Street and Number) no. 1932 Hanover st Baltimore

5. Full Name of Mother, Maggie Theiss

6. Mother's Maiden Name, Maggie reth

7. Mother's Birthplace, Wurtenberg Germany

8. Full Name of Father, Philip Theiss

9. Father's Occupation, labor

Father's Birthplace, Hessen Germany

Name of Medical Attendant, or other person who makes this Return. Emma M. Gello

Address, 1703 Hanover st

Remarks, none

OTHER NAME ADDED 4-7-53 L. md

1893000039 88

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51590

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 22/1893
4. Place of Birth, (Street and Number) No 627 Montford ave.
5. Full Name of Mother, Tine Kretchmer
6. Mother's Maiden Name, Clemmons
7. Mother's Birthplace, Germany
8. Full Name of Father, Max Kretchmer
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L Frass.

Address, No 1907 E Monument St

Remarks, 1893000 3989

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 22nd 1893.

4. Place of Birth, (Street and Number) Baltimore, #1016 N Chapel st.

5. Full Name of Mother, Mrs Ida Butchmaker.

6. Mother's Maiden Name, Mrs Ida Butchmaker.

7. Mother's Birthplace, St Marys County Md.

8. Full Name of Father, Geo Gibson

9. Father's Occupation, Laborer

10. Father's Birthplace, Hartford County Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Dyer Howard

Address, #1813 N Chapel Street.

Remarks,

1893 0 0 0 3 9 9 0

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, Nov 22 nd 1893

4. Place of Birth, (Street and Number) Baltimore st #1010 N Chapel st

5. Full Name of Mother, Miss Jane Demby

6. Mother's Maiden Name, Miss Jane Demby

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jeff Carter.

9. Father's Occupation, Dr

10. Father's Birthplace, Baltimore or

Name of Medical Attendant, or other person who makes this Return. Miss Dealia Howard.

Address, #1013 N Chapel Street.

Remarks,

S 9 3 0 0 0 3 9 9 1

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 22, 1893
4. Place of Birth, (Street and Number)	1406 Calhoun ave
5. Full Name of Mother,	Elizabeth C Geering
6. Mother's Maiden Name,	Yingling
7. Mother's Birthplace,	Carroll County, Md
8. Full Name of Father,	Charles H Geering
9. Father's Occupation	Carpenter
10. Father's Birthplace,	Howard County, Md
Name of Medical Attendant, or other person who makes this Return,	E. H. Galbreath, M. D.
Address,	714 N. Carey st.
Remarks,	1893 00 03992

Subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, November 22. - 93.
4. Place of Birth, (Street and Number) 525 13 Wyanda alley.
5. Full Name of Mother, Margaret Taylor.
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, O B Llowe M.D

Address, 622 W. Lombard Street.

Remarks, 1893 0003993

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51595

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 22 Nov
4. Place of Birth, (Street and Number) 1119 Cleveland St
5. Full Name of Mother, Marie Berger
6. Mother's Maiden Name, Ziegler
7. Mother's Birthplace, Germani
8. Full Name of Father, John F Berger
9. Father's Occupation, Laber
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return Mrs Berger

Address, 111 Brown St.

Remarks,

8930003994

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 5-14-52

RETURN OF A BIRTH 51596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Jones

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	color
3. Date of Birth,	mon 22 nov 1858
4. Place of Birth, (Street and Number)	Baltimor Dalas st & av
5. Full Name of Mother,	mrs. William Jones
6. Mother's Maiden Name,	Carie Georgan Smith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Jones
9. Father's Occupation,	labor
10. Father's Birthplace,	Laral County Md
Name of Medical Attendant, or other person who makes this Return.	Chas Rested Henson
Address,	1644 Eastern Ave
Remarks,	8930003995

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

© GUILAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 51597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, November 22. 1893
4. Place of Birth, (Street and Number) 1701 - South Mount Street
5. Full Name of Mother, Mrs Robert Clarke
6. Mother's Maiden Name, Miss Josie Lyons
7. Mother's Birthplace, Carroll Co. Maryland
8. Full Name of Father, Mr. Robert Clarke
9. Father's Occupation, Dairyman
10. Father's Birthplace, Weston, Carroll Co. Maryland.

Name of Medical Attendant, or other person who makes this Return Alex. L. Houghton M.D.

Address, 1235 - W Lafayette Avenue

Remarks,

18 30003996

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Kind
1. Sex, (state whether male or female)	Fisf
2. Race or Color, (if not of the white race)	Nafs
3. Date of Birth,	22 November
4. Place of Birth, (Street and Number)	1 Dallash 927
5. Full Name of Mother,	Franci ska
6. Mother's Maiden Name,	Fajdl
7. Mother's Birthplace,	Böhmen
8. Full Name of Father,	Josef Sik
9. Father's Occupation	Tischler
Father's Birthplace,	Mähren Österreich
Name of Medical Attendant, or other person who makes this Return	Marie Prell
Address,	No 1[illegible]3 Wood Str. 2338 7
Remarks,	

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51599

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

● . of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	Colored.
3. Date of Birth,	September 23 - 93.
4. Place of Birth, (Street and Number)	622 W. Lombard St.
5. Full Name of Mother,	Rosa Hall.
6. Mother's Maiden Name,	—
7. Mother's Birthplace,	—
8. Full Name of Father,	—
9. Father's Occupation,	—
● Father's Birthplace,	—
Name of Medical Attendant, or other person who makes this Return,	C. W. Darnall M.D.
Address,	622 W. Lombard St.
Remarks,	1893 0003998

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 23, 1893.
4. Place of Birth, (Street and Number) 1624 Virginia Ave.
5. Full Name of Mother, Rose McCallin
6. Mother's Maiden Name, Rose Kelly.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph McCallin
9. Father's Occupation Iron Finisher
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Dr. C. Elwell Jr D
Address, 1241 Harford ave.
Remarks.

1893 0003999

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 26-93
4. *Place of Birth, (Street and Number)*	1408 N Chester
5. *Full Name of Mother,*	Ellen V Beever
6. *Mother's Maiden Name,*	Ellen V. Walker
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Joseph G. Beever
9. *Father's Occupation*	Can Maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary A. Allard
Address,	1438 N. Bond St
Remarks,	1893 0004000

...ject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 2-5-59

RETURN OF A BIRTH 51602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HAZEL ANNETTE DAVIS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, ~~1708 E. Oliver St~~ November 23/93
4. Place of Birth, (Street and Number) 1708 E Oliver St
5. Full Name of Mother, Mary Rivia Davis
6. Mother's Maiden Name, " Mitchell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg. F. Davis
9. Father's Occupation, Foreman a Bakery
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, R T Dawson MD

Address, 1507 N Caroline St

Remarks,

8930004001

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 23 1893

4. Place of Birth, (Street and Number) 910 Aiken ave

5. Full Name of Mother, Clara H Ferguson

6. Mother's Maiden Name, " " Milburn

7. Mother's Birthplace, Md

8. Full Name of Father, Thos J. Ferguson

9. Father's Occupation,

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1802 Monument Ave

Remarks,

1893 0004002

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Nov 23.
4. *Place of Birth, (Street and Number)*	816 N Spring St
5. *Full Name of Mother,*	Mary Robert Stewart ~~Stewart~~
6. *Mother's Maiden Name,*	Mary Rebecca Stewart
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Henry White
9. *Father's Occupation*	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geraldine Patterson
Address,	401 Lewis St
Remarks,	Doing well in care of pt.

1893000 1003

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 51603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) two
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) color race
4. Date of Birth, Sunday 23 Nov. 11 o'clock night
5. Place of Birth, (Street and Number) Chapel court 1701
6. Full Name of Mother, Isabella Gregory
7. Mother's Maiden Name, Isabella Bass
8. Mother's Birthplace, Brookview and Md
9. Full Name of Father, James Bass
10. Father's Occupation, Laber
11. Father's Birthplace, Virginia with exception
12. Name of Medical Attendant, or other person who makes this Return. Lester Henson
13. Address, 1604 Chapel court
14. Remarks,

1893000400 4

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. BULLER & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 5606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 23
4. Place of Birth, (Street and Number)	211 S Chapel St
5. Full Name of Mother,	Mary Walyuska
6. Mother's Maiden Name,	Kapeus
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Anton Walyuska
9. Father's Occupation	Tailor
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	Dr Wm H Black
Address,	1015 Hanover St
Remarks,	

1893000400.5

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

E. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

51607

the Office of Registrar of Vital Statistics. Board of Health.

BALTIMORE CITY.

her (state whether 1st, 2d, 3d, &c) 1st Child

Male or Female) Female

not of the white race) Col'd

November 2d

reet and Number) Baltimore Ave 172 Union St.

her Ida Payne

Name Ida Adams

ce Baltimore

ther Ida Payne

on Hospital

ce Baltimore Md.

Attendant, or other Person who make this Return. Emma Adams

7- Same

good Health

1893000400 6

RETURN OF A BIRTH.

51608

GIVEN NAME ADDED, 1-2-62

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Anna Margaret Weichert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1893-0004007

RETURN OF A BIRTH. 51609

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	November 24. 193.
4. Place of Birth, (Street and Number)	S. Bond St. cor 84J.
5. Full Name of Mother,	Cofy Sporna.
6. Mother's Maiden Name,	Medken.
7. Mother's Birthplace,	Poland.
8. Full Name of Father,	Maijk Gachosky.
9. Father's Occupation,	Galici
[redacted] Father's Birthplace,	Austri
Name of Medical Attendant, or other person who makes this Return,	Agnes Holona.
Address,	Thames St. cor 1635.
Remarks,	Legal.

1893000 4008

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 30
4. Place of Birth, (Street and Number) 137 Hanover St
5. Full Name of Mother, Annie Schmidt
6. Mother's Maiden Name, Wright
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Schmidt
9. Father's Occupation Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Katie Schmidt

Address, 300 Lombard St

Remarks, 1893 0004009

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 51611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24 november 1893
4. Place of Birth, (Street and Number) no 1946 Hanover st Baltimore City
5. Full Name of Mother, Emilie Theiss
6. Mother's Maiden Name, Emil Körber
7. Mother's Birthplace, West Prussia Germany
8. Full Name of Father, John Theiss
9. Father's Occupation, Engineer
10. Father's Birthplace, Sholten germany
11. Name of Medical Attendant, or other person who makes this Return, Ann M Goeller
12. Address, 1903 Hanover st Baltimore City
13. Remarks,

18930004010

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. D. BULGER & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 51613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	November 25 1893
4. Place of Birth, (Street and Number)	Lady 813 Bond all
5. Full Name of Mother,	Addie Hall
6. Mother's Maiden Name,	Addie Nichols
7. Mother's Birthplace,	Accomack Co
8. Full Name of Father,	Caleb Hall
9. Father's Occupation	Laborer
10. Father's Birthplace,	Accomack Co
Name of Medical Attendant, or other person who makes this Return,	Jane Hazard
Address,	1131 Park ave
Remarks,	

1893000401 1

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	25 November 1893
4. Place of Birth, (Street and Number)	1115 Hanover st.
5. Full Name of Mother,	Augusta Brandt
6. Mother's Maiden Name,	Broening
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Henry Brandt
9. Father's Occupation,	Gilder
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Mr Bunge
Address,	111 Caton St.
Remarks,	1893000401 2

Every person who shall refuse to furnish to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. ; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	25 th
4. Place of Birth, (Street and Number)	1106 S. Sharp St
5. Full Name of Mother,	Lillie Heim
6. Mother's Maiden Name,	Lillie Helke
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Chas. J. Heim
9. Father's Occupation	Clerk
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Bourge
Address,	711 Conn Ave.
Remarks,	1893000 4013

...; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 25 1893
4. *Place of Birth, (Street and Number)*	1121 Lemmington
5. *Full Name of Mother,*	Frances Gale
6. *Mother's Maiden Name,*	Frances Coats
7. *Mother's Birthplace,*	Fredericksburg Va
8. *Full Name of Father,*	Walter Gale
9. *Father's Occupation*	Grocer
Father's Birthplace,	Fredericksburg Va.
Name of Medical Attendant, or other person who makes this Return,	Caroline Patterson
Address,	Dover Del
Remarks,	1893 0004014

any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be guilty of a misdemeanor, and on conviction thereof shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
	Sex, (state whether male or female)	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Nov 25th 1892
4.	*Place of Birth, (Street and Number)*	2125 Linsion St
5.	*Full Name of Mother,*	Mary Underwood
6.	*Mother's Maiden Name,*	Kelly
7.	*Mother's Birthplace,*	Ireland
8.	*Full Name of Father,*	Wm Underwood
9.	*Father's Occupation,*	Laborer
	Father's Birthplace,	Penn
	Name of Medical Attendant, or other person who makes this Return.	Chas E Smith
	Address,	
	Remarks,	1893000401 5

GUNBY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	25th of November 95
4. Place of Birth, (Street and Number)	213 N. Mt Street
5. Full Name of Mother,	Mathilda Brunsteller
6. Mother's Maiden Name,	Mathilda Meer
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Herman Brunsteller
9. Father's Occupation	Bicker
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Hinder Midwife
Address,	216 West Pratt St
Remarks,	8 9 3 0 0 0 4 0 1 6

...; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White. ~~Coloured~~
4. Date of Birth, December 24 1893
5. Place of Birth, (Street and Number) 762 Lodowy St
6. Full Name of Mother, Mary Caldwell Kelly
7. Mother's Maiden Name, Caldwell
8. Mother's Birthplace, Baltimore Maryland
9. Father's occupation Engineer
10. Father's Birthplace, Ireland
11. Name of Medical Attendant, or other person who makes this Return, Susan Hunter
    Address, 231 S Poppleton St
    Remarks, 1893000401 7

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. 51619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

First.

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, September 25.

4. Place of Birth, (Street and Number) 622 W Lanvard St.

5. Full Name of Mother, Lelia Hannah.

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation —

Father's Birthplace, —

Name of Medical Attendant, or other person who makes this return, O'Bloin M.D.

Address, 622 W Lanvard St.

Remarks, 18930004018

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

n.; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 5/620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d &c.)	First
1. Sex, (state whether ~~male~~ or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	Nov 25th 1893
4. Place of Birth, (Street and Number)	1139 E. Baltimore st
5. Full Name of Mother,	Josephine A Steen
6. Mother's Maiden Name,	Dehlitt
7. Mother's Birthplace.	"
8. Full Name of Father.	Balto city
9. Father's Occupation.	Reinard H Steen
Father's Birthplace.	Clerk
Name of Medical Attendant, or other person who makes this Return.	Norway
Address.	Augusta Dehlitt
Remarks.	

1893 0004019

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dalany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth.* Jan 25-93.
4. *Place of Birth, (Street and Number)* 622 W. Lombard St
5. *Full Name of Mother.* Bula McDowell.
6. *Mother's Maiden Name.* —
7. *Mother's Birthplace.* —
8. *Full Name of Father.* —
9. *Father's occupation* —
10. *Father's Birthplace.* —
11. *Name of Medical Attendant, or other person who makes this Return.* P B Sloan MD
12. *Address.* 622 W Lombard St.
13. *Remarks.* 1893000040020

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

57622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth Nov 26th

4. Place of Birth, (Street and Number) 617 N Paca St

5. Full Name of Mother, Ellen Agnes McAndrews Sheehan

6. Mother's Maiden Name,

7. Mother's Birthplace, New York

8. Full Name of Father, Bartholmew Joseph McAndrews

9. Father's Occupation, Merchant

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr W. R. Thompson

Address, 515 W Monument st

Remarks,

1893000402 1

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co. City Printers and Stationers.

RETURN OF A BIRTH 57623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name,	Amabilia Carlotta Schiaffino
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 25th 1893
4. Place of Birth, (Street and Number)	124 ½ Washington St
5. Full Name of Mother,	Pauline Schiaffino
6. Mother's Maiden Name,	" Mortola
7. Mother's Birthplace,	Italy
8. Full Name of Father,	John Schiaffino
9. Father's Occupation,	Shipchandler & Grocer
10. Father's Birthplace,	Italy
Name of Medical Attendant, or other Person who makes this Return	D W Gaither M D
Address,	1308 E Chase St
Remarks,	

1893000022

If any person shall wilfully refuse or neglect to make the Return required by this Ordinance, he shall forfeit and pay for each such offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51634

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	Nov 26th 93
4. Place of Birth, (Street and Number)	2664 Druid Hill ave
5. Full Name of Mother,	Ollie Wrudell
6. Mother's Maiden Name,	" Olie
7. Mother's Birthplace.	Baltimore City
8. Full Name of Father,	John Wrudell
9. Father's Occupation.	Conductor
10. Father's Birthplace.	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Geo W Sims MD
Address.	1321 Druid ave
Remarks.	

1893 0004023

Subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 5/625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	26th Nov 1893
4. Place of Birth, (Street and Number)	438 N Eden st
5. Full Name of Mother,	Mary F Morrow
6. Mother's Maiden Name,	" " Riall
7. Mother's Birthplace,	Balto
8. Full Name of Father,	William M. Morrow
9. Father's Occupation,	Collector
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	944 N Gay st
Remarks,	

1893000 4024

Subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	W
3. Date of Birth,	Nov 26th 1893
4. Place of Birth, (Street and Number)	1530 Barclay St
5. Full Name of Mother,	~~Mary Elizabeth Hobbs~~ Mary Elizabeth Hobbs
6. Mother's Maiden Name,	Mary Elizabeth Vierle
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James B. Hobbs
9. Father's Occupation	Engineer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Edmund C Gibbs M.D.
Address,	316 E Hoffman Ave
Remarks,	1893000040025

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* December 21 1923

4. *Place of Birth, (Street and Number)* 1013 Eastern Ave

5. *Full Name of Mother,* Pearl Elizabeth Hall

6. *Mother's Maiden Name,* Pearl Elizabeth Hall

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Eugene Hall

9. *Father's Occupation* Baltimore Md

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return 1013 Eastern Ave

Address,

Remarks, B 9 3 0 0 0 6 4 0 2 6

Stewart Jones

and such penalties of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 51628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Howard ~~William~~ Kemler

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 26 — 1898
4. Place of Birth, (Street and Number) 451 E Lanbert St.
5. Full Name of Mother, Theresa L. Kemler
6. Mother's Maiden Name, White
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles E. Kemler
9. Father's Occupation Iron Molder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 427 E. Oak St.

Remarks, 1893000402 7

This blank for use of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth. Nov 28 1893

4. Place of Birth, (Street and Number) 1434 E Baltimore St.

5. Full Name of Mother, Elisabeth Lohring

6. Mother's Maiden Name, Schlerret

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Lohring

9. Father's Occupation Basket Maker

Father's Birthplace, Baltimore

Name of Medical Attendant, (or other person who attends this birth) Mary Stein

Address, 1429 E Oraff St.

Remarks.

0 0 3 0 0 0 4 0 2 8

The provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1893 000 4029

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 26th 1893
4. *Place of Birth, (Street and Number)*	111 Pinkney Place
5. *Full Name of Mother,*	Fiffie Nemeth
6. *Mother's Maiden Name,*	Kohlhepp
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Nemeth
9. *Father's Occupation,*	Saloon
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Chas E Foulke
Address,	
Remarks,	

1893 0001030

... J. C. BULKLEY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 2-28-57

RETURN OF A BIRTH. 51632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child if Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Nov 26th 1893
4. Place of Birth, (Street and Number)	1403 Baseline Ave
5. Full Name of Mother,	Mrs Mary Schaffle
6. Mother's Maiden Name,	Miss Emmerick
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Fred Schaffle
9. Father's Occupation	Harness Maker
Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return	Mrs Keller
Address,	1427 N. Bath St
Remarks,	1893000403 1

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 57633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	28th of November 93
4. Place of Birth, (Street and Number)	211 Hamilton St
5. Full Name of Mother,	Dora Holz
6. Mother's Maiden Name,	Dora Weisberg
7. Mother's Birthplace,	Pole
8. Full Name of Father,	Solomon Holz
9. Father's Occupation	Butcher
Father's Birthplace,	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Hecker Midwife
Address,	216 West Pratt St
Remarks,	

1893050432

Any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 51634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Nov. 26th.

4. Place of Birth, (Street and Number) Greenmount ave. 13st.

5. Full Name of Mother, Annie P. Lantin.

6. Mother's Maiden Name, Annie P. Gilchrist.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, John J. Lantin

9. Father's Occupation, Driver.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address,

Remarks,

1873 0004033

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 5/635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalty for making false statement in this return, or for refusing to make return, or for neglecting to make return within ten days after birth, or for removing body of child before return is made, subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) —
3. Date of Birth. Apr. 26. 93
4. Place of Birth, (Street and Number) 226 N. Broadway.
5. Full Name of Mother. Mrs. Sarah Rebecca Corbett
6. Mother's Maiden Name. Mrs. Sarah Rebecca Cox
7. Mother's Birthplace. Prince Georges Co. Md.
8. Full Name of Father. Edward Thomas Corbett
9. Father's Occupation. Baker or Pilot in Army Ambulance Service
10. Father's Birthplace. Virginia
- Name of Medical Attendant, or other person who makes this Return. G. G. Cook M.D.
- Address. 2000 E. Baltimore St.
- Remarks. Date of Certificate 1893 0006837

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 57636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
	Sex, (state whether male or female)	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Nov 26th 05
4.	*Place of Birth, (Street and Number)*	1521 Argyle Ave
5.	*Full Name of Mother,*	Eliza Groomes
6.	*Mother's Maiden Name,*	Lane
7.	*Mother's Birthplace,*	Md
8.	*Full Name of Father,*	Jos. H. Groomes
9.	*Father's Occupation,*	Plumber
	Father's Birthplace,	Md
	Name of Medical Attendant, or other person who makes this Return,	Chas E Latta
	Address,	
	Remarks,	1893 0004035

Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 December
4. Place of Birth, (Street and Number) 204 N. Henry
5. Full Name of Mother, Mrs. Jane C. Bowie
6. Mother's Maiden Name, Jane McNeil
7. Mother's Birthplace, Near at New Jersey
8. Full Name of Father, James C. Bowie
9. Father's Occupation Barber
10. Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other person who makes this Return, Gerlach

Address,

Remarks,

B 9 3 0 0 0 4 0 3 6

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 5/638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 26th 1893
4. Place of Birth, (Street and Number) 64 N. Central Ave.
5. Full Name of Mother, Pauline Zuda
6. Mother's Maiden Name, Lisa
7. Mother's Birthplace, Germany
8. Full Name of Father, Hieronimus Zuda
9. Father's Occupation, Hams Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Francis A. Sause M.D.

Address, 439 N. Central Ave.

Remarks, 1893 0004037

Jected to the fine of ten the dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 51639

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

0. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 2 1895
4. Place of Birth, (Street and Number)	2333 E. Lanvale
5. Full Name of Mother,	Mabel E. Lynch
6. Mother's Maiden Name,	" Hickey
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Geo. H. J. Lynch
9. Father's Occupation	Police Sergeant
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return	Geo. E. Mettee
Address,	2262 E. Balto
Remarks,	Lives with Grandmother

1895 00040050

...; C. Bulany Co., City Printers and Stationers

RETURN OF A BIRTH. 57 645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 27 1893.
4. Place of Birth, (Street and Number)	1st. Bby Harford ave
5. Full Name of Mother,	Mary Dempsey
6. Mother's Maiden Name,	Mary Kelly
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	William Dempsey
9. Father's Occupation	Police Officer
Father's Birthplace,	Maryland
Name of Medical Attendant, (or other person who	Dr. A. Blundell M.D
Address,	1541 Harford Ave
Remarks,	

1893000039

J. C. Bailey Co., City Printers and Stationers.

RETURN OF A BIRTH. 5164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 Nov
4. Place of Birth, (Street and Number) 611 Campbell St
5. Full Name of Mother, Annie Eigner
6. Mother's Maiden Name, Annie Loffler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John L Eigner
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Wm Bovegl

Address, 111 Conn Ave.

Remarks, 1893 0004040

Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 51642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 17th 1918
4. Place of Birth, (Street and Number) 1316 Forest Lane
5. Full Name of Mother, Mary Musgrave
6. Mother's Maiden Name, Mary Hale
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Stephen Musgrave
9. Father's Occupation Fireman
10. Father's Birthplace, Maine

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks, 1 8 4 3 0 0 0 4 0 4 1

J. C. Dulany Co., City Printers and Stationers

To comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 31643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	27th Nov 1893
4. Place of Birth, (Street and Number)	1198 Riverside Ave
5. Full Name of Mother,	Catherine Johnson
6. Mother's Maiden Name,	Luckman
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Samuel Johnson
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Jarrell
Address,	936 E Fort Ave
Remarks,	

1893 0004042

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. 51644

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	1st
1. Sex (state whether ~~Male~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 27th 1893
4. Place of Birth (Street and Number)	#208. N. Exeter St.
5. Full Name of Mother	Hattie C. Hanby
6. Mother's Maiden Name	Cook
7. Mother's Birthplace	California
8. Full Name of Father	J. Burt Hanby
9. Father's Occupation	Dentist
Father's Birthplace	California
Name of Medical Attendant	W. M. Bachelder M.D.
Address	#1806. E. Baltimore St.
Remarks	Life

RETURN OF A BIRTH. 51645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth.	November 27th 1893.
4. Place of Birth, (Street and Number)	No 1242 Sargent st
5. Full Name of Mother.	Mary E. Pielenka
6. Mother's Maiden Name.	F. Lorenz.
7. Mother's Birthplace.	Ehlerjem
8. Full Name of Father.	Christian Pielenka
9. Father's Occupation	Laborer.
Father's Birthplace.	Carbruhe.
Name of Medical Attendant, or other person who makes this Return	Annie Leidner
Address.	Nos 6. S. Monroe st.
Remarks.	

subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. C. Dulany Co., City Printers and Stationers

51646

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth.	November 27th 1893.
4. Place of Birth, (Street and Number)	No 1853 Mc. Henry St.
5. Full Name of Mother.	Katie Hunter.
6. Mother's Maiden Name.	" Linsman.
7. Mother's Birthplace.	Baltimore
8. Full Name of Father,	Ernst H Hunter.
9. Father's Occupation	Cabinet Maker
Father's Birthplace,	Konigsberg
Name of Medical Attendant, or other person who makes this Return	Amiel Lindsay.
Address.	Hanover St.
Remarks.	

64300+045

ject to the fine of ten per dollar for each offence to be recovered as

J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 3167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	colored
3. Date of Birth.	November 21st 1895.
4. Place of Birth, (Street and Number)	1355 N. Calhoun St.
5. Full Name of Mother.	Margaret Carolen
6. Mother's Maiden Name.	M. Oliver
7. Mother's Birthplace.	Baltimore Co.
8. Full Name of Father.	John H. Carolen
9. Father's Occupation	carpenter
10. Father's Birthplace.	Baltimore
Name of Medical Attendant, (or other person who makes this Return)	Maria E. Hinkelbein M.D.
Address.	925 Mulberry Street
Remarks.	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

J. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Whole
4. Date of Birth, 27 November 1892
5. Place of Birth, (Street and Number) 113 Bond St
6. Full Name of Mother, Mary Lapke
7. Mother's Maiden Name, Mary Zwola
8. Mother's Birthplace, Germany
9. Full Name of Father, Thomas Lapke
10. Father's occupation, Seamen
11. Father's Birthplace, Baltimore Md
12. Name of Medical Attendant, [illegible]

Address, 519 S Broadway

Remarks.

51144

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics Board of Health, Baltimore City

RETURN OF SEIZURE

In the name of Majesty of the United States of North America, to

RETURN TO A CIRCULAR

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

RETURN OF A BIRTH.

To the Clerk of Registry of Vital Statistics, Board of Health,

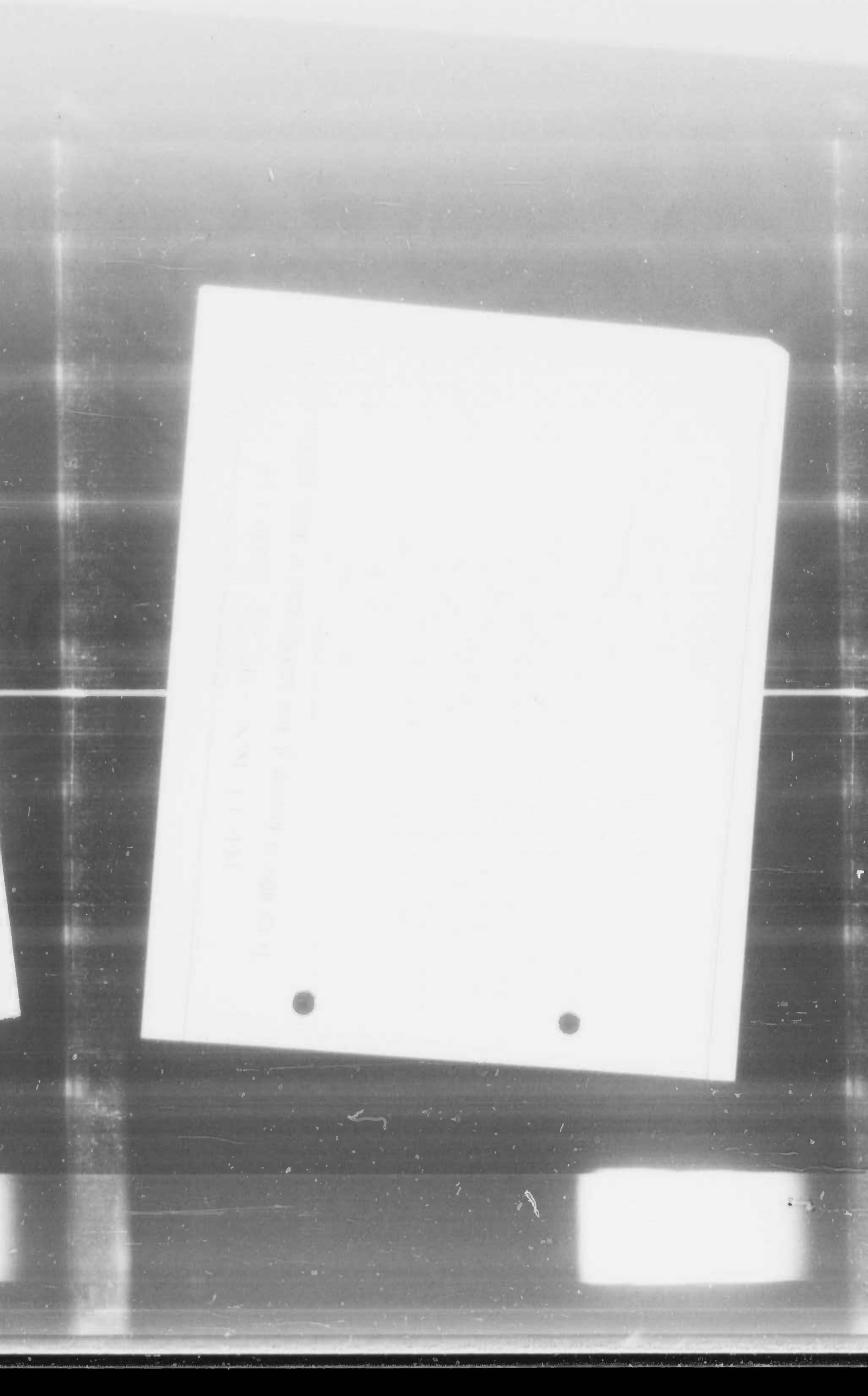
BALTIMORE CITY.

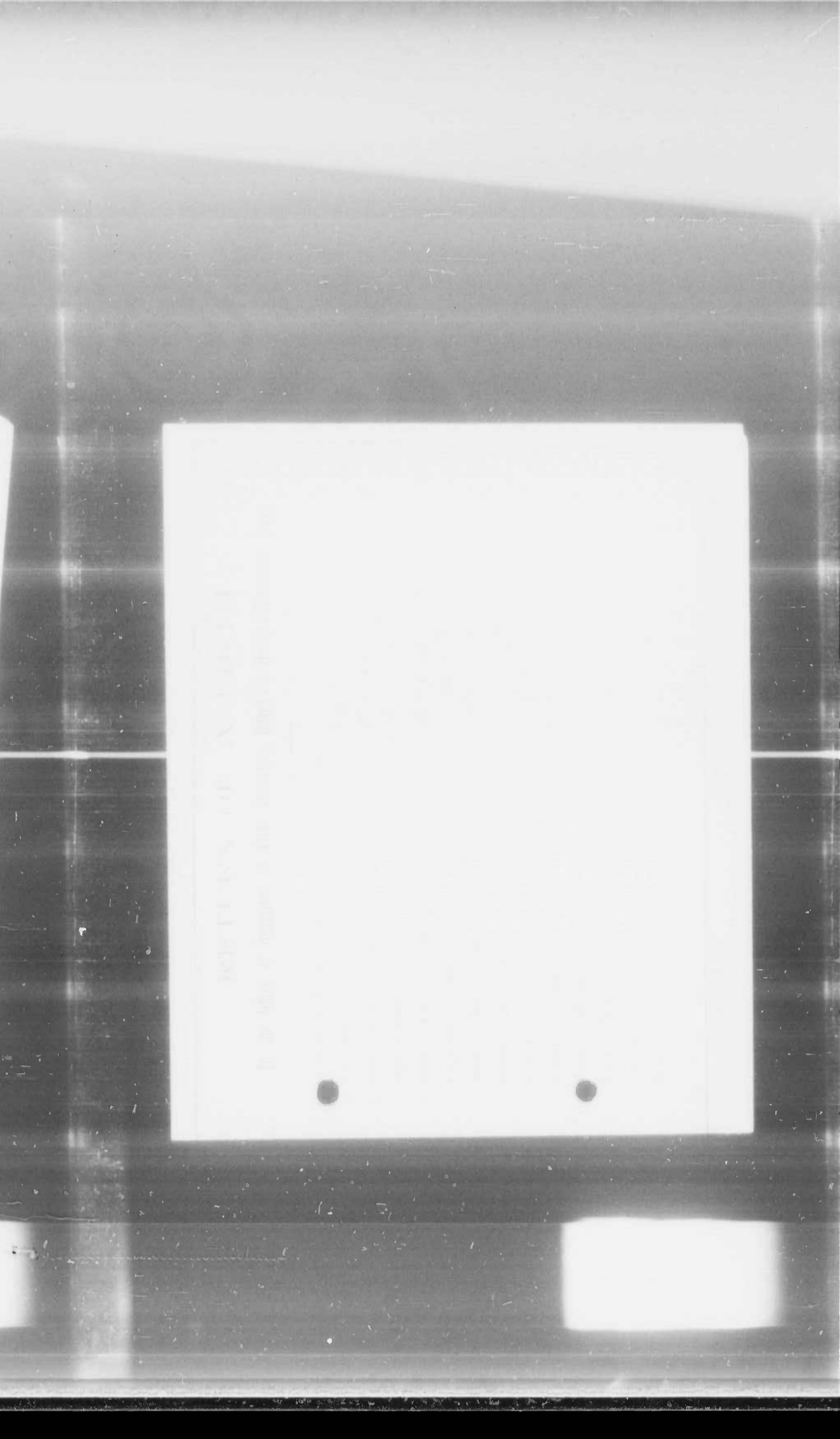
RETURN OF A BIRTH

To the office of Registrar of Vital Statistics, Board of Health, Baltimore City

RETURN OF A BIRTH

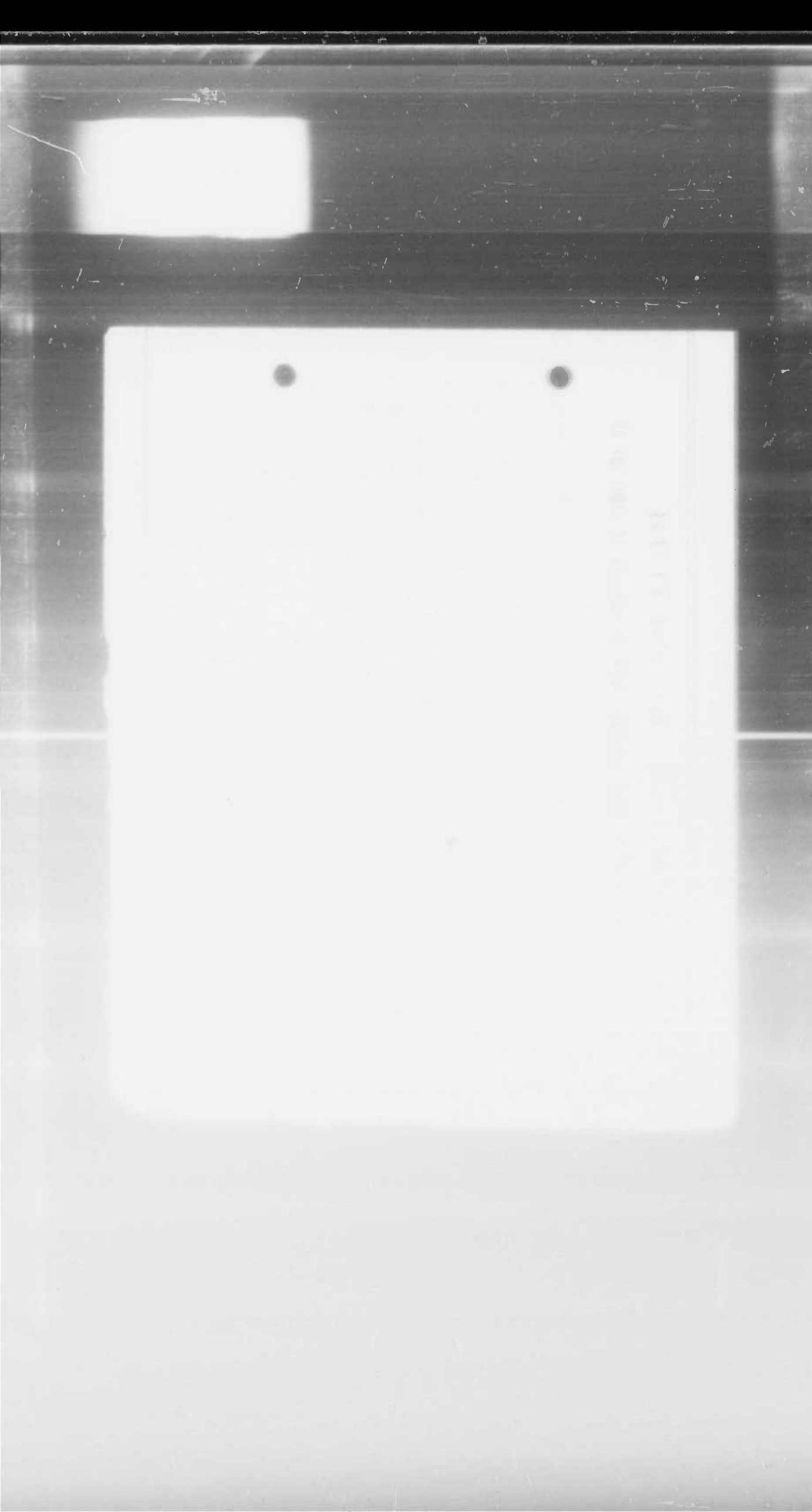
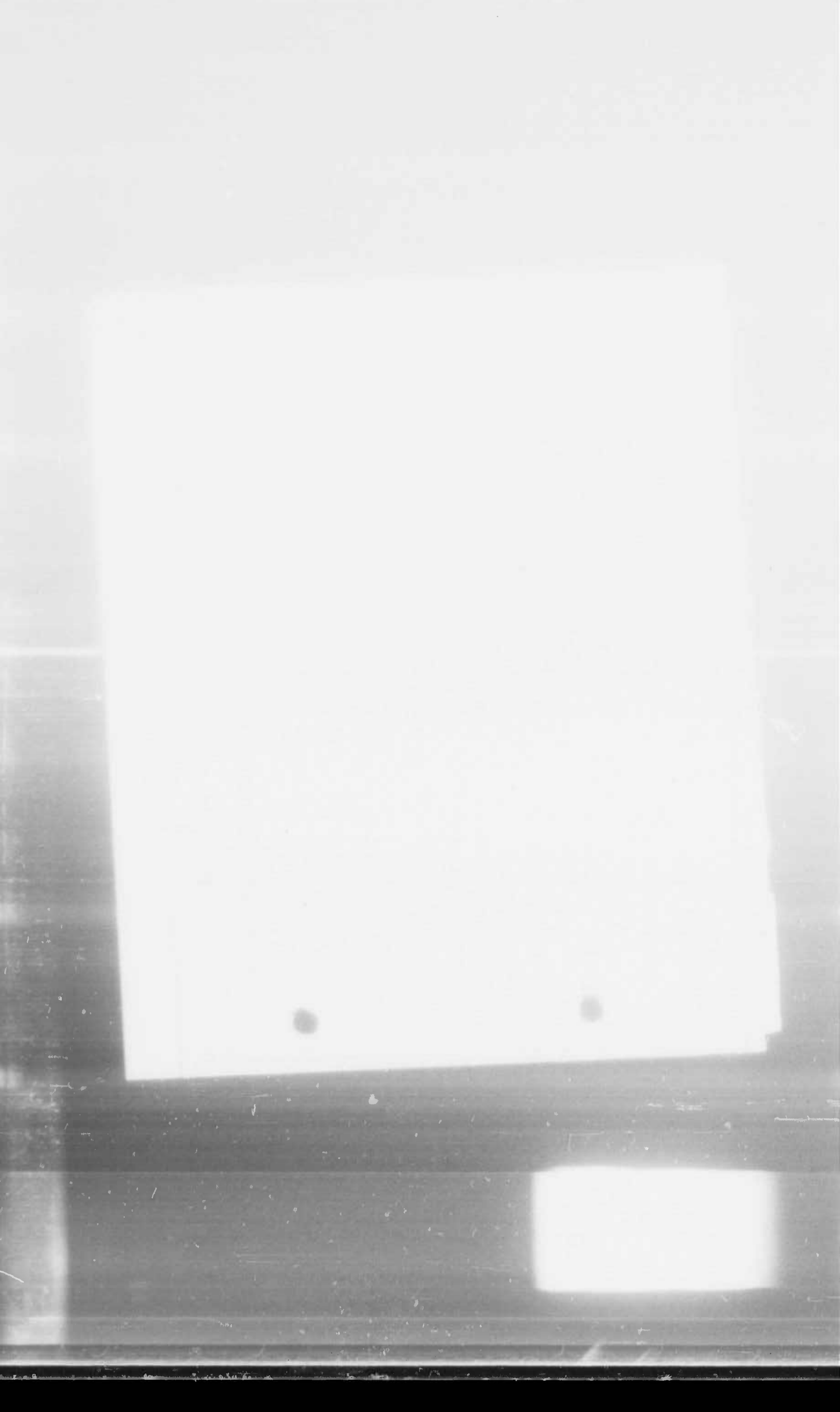
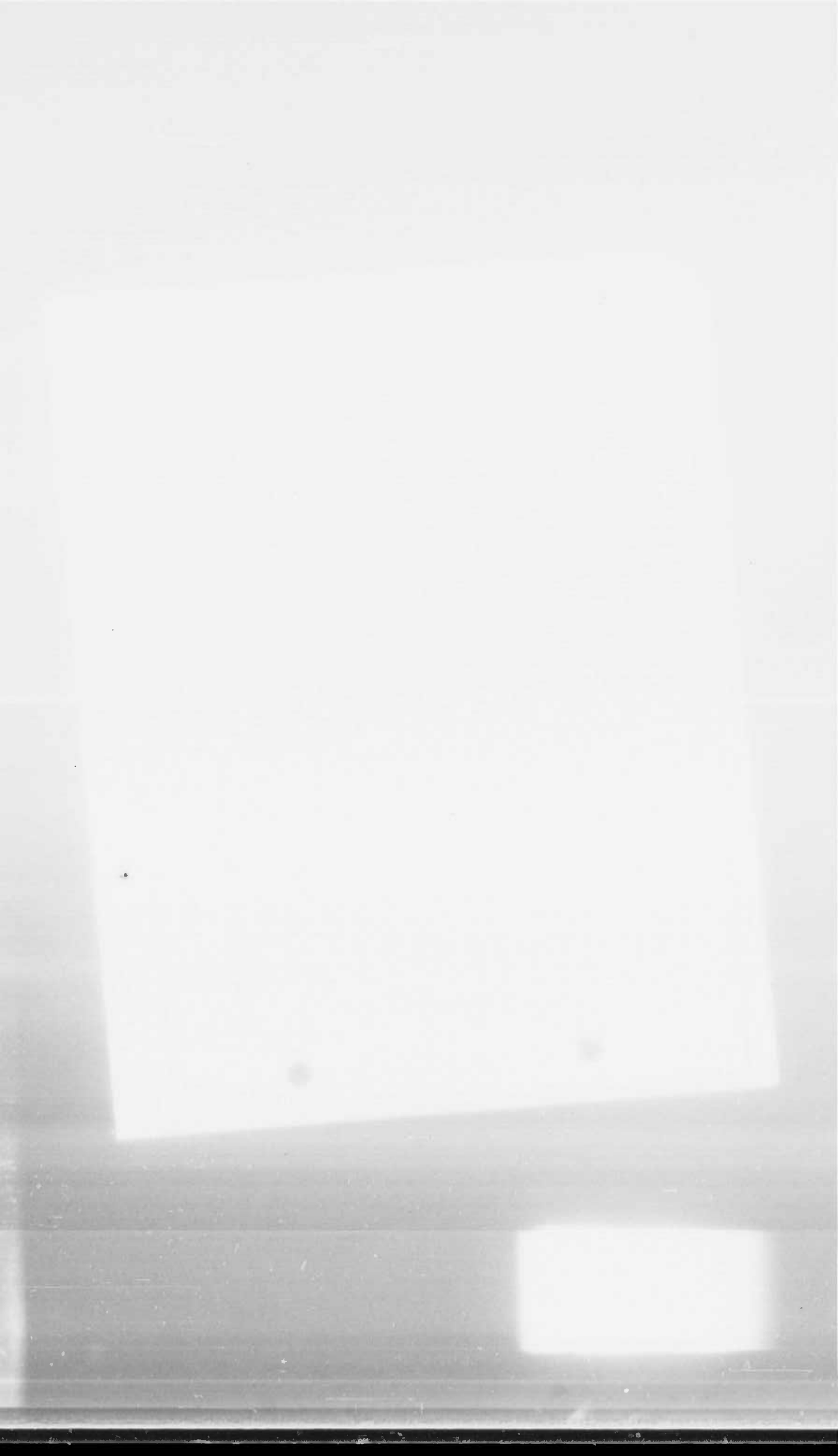
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City





RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, California

RETURN TO

In the Office of Secretary of the Interior